

DAVI-ELLEN CHABNER

The Language of Medicine



10TH
EDITION

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DAVI-ELLEN CHABNER, BA, MAT

The Language of Medicine

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**For Gus, Ben, Bebe, Louisa, Solomon, and Amari...
and of course, Owen & Greta.**

Here are the kids and canines whose affection and love relax and inspire me every day.

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3251 Riverport Lane
St. Louis, Missouri 63043

THE LANGUAGE OF MEDICINE, TENTH EDITION

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PREFACE

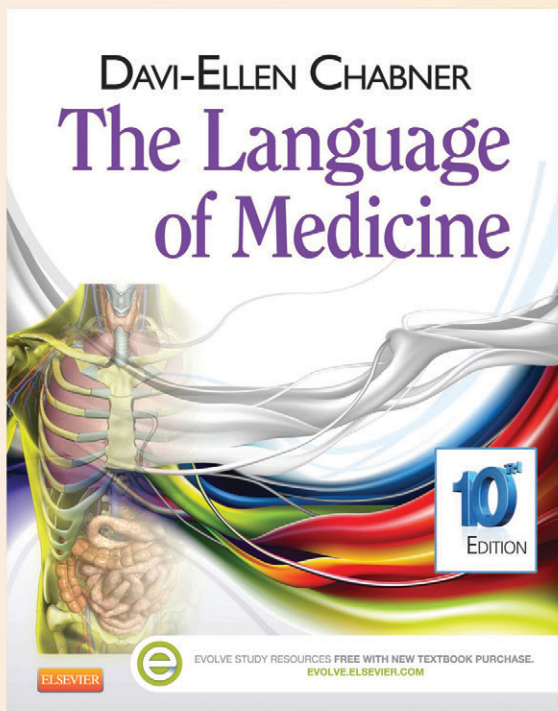
WELCOME TO THE 10TH EDITION OF THE LANGUAGE OF MEDICINE

The enhanced focus of this new edition is its relevance to real-life medical situations. Drawing on current technology, state-of-the-art medical practice, and the latest procedures and treatments, *The Language of Medicine* brings medical terminology to life. The dynamic images and compelling patient stories further illustrate medical terminology in action.

I am honored that this text continues to be the book instructors return to, year after year, because their students tell them that it works! As a student, you will find that *The Language of Medicine* speaks to you no matter what your background or level of education. It is written in simple, non-technical language that creates an exceptionally accessible pathway to learning. Since it is a workbook-text combination, you engage and interact on practically every page through writing and reviewing terms, labeling diagrams, and answering questions. Terminology is explained so that you understand medical terms in their proper context, which is the structure and function of the human body in health and disease.

Throughout the process of writing this text over its 10 editions, I have listened to hundreds of students and instructors and incorporated their insightful suggestions.

Expert medical reviewers have once again helped me to ensure that the terminology included reflects cutting edge clinical practice. New information and illustrations throughout are the result of recommendations from all those who have so generously provided feedback. My continuing goal in writing *The Language of Medicine* is to help you not only learn medical terminology but also to enjoy learning! You will find that medical terminology comes alive and stays with you when you use my interactive, logical, and easy-to-follow method. Undeniably, the study of this language requires commitment and hard work, but the benefits are great. Knowledge of medical terminology will give you a strong start in your career.



NEW TO THE 10TH EDITION

While the essential elements of *The Language of Medicine* remain in place, the new 10th edition is even more relevant to real-life medical situations.

The 10th edition includes 20 new, first-hand stories of medical conditions and procedures. These personal accounts make medical terminology more understandable.



IN PERSON

This first-person narrative was written by a woman living with Crohn disease ("Crohn's").



the flu yesterday, I was jealous. To living something acute always seems to take over-the-counter meds, sleep. I have Crohn disease, a chronic condition characterized by flare-ups and remission. During flare-ups, I've had intestinal obstruction. Even in remission I am never "okay." Years after a third surgery to remove yet another portion of my small intestine, a rather rare symptom of Crohn's, necessitated the surgery. I was turned into bimonthly blood transfusions, as my hemoglobin was too low to live. After the surgery, the bleeding stopped, but I had bouts of no way to live either, and unfortunately, as wonderful as my address after-effects of small bowel surgery. After visiting several of these symptoms under control with codeine, Lomotil, and vitamin B₁₂, so I must inject it monthly for the rest of my life. In having less and less small bowel, I take medicine in the hopes of

stopping the medicine, Humira, but I must be careful of the effects, the scariest of which is the need to think of valuing my present life.

My doctor hadn't told my parents that I was caused by "nerves?" By the time I was in pain after every meal. My dad had showed I had Crohn's and that I was too late for even prednisone (then I had to open up the inflamed passage, several times—as well as all the other things I remember what it felt like. In my tender gut.

My mark on the world, but I spent my life nothing strains of "Make Believe" accompanied the pain, I lay with my head on my two young children, I would not take part.

One of those around me: husband, things get unbearable. It's not the approximate those times of being a night's sleep to get "better." You know that you will likely end up in the

She is a writer, editor, and food columnist.



IN PERSON

This first-person narrative was written by a kidney donor.

When my 64 year-old father-in-law announced to my wife and me that his kidney function was failing, it didn't really enter our minds that one of us might ultimately have a part to play in his survival. Five years later, dialysis was taking its toll on his organ systems, and there had been no success in obtaining a cadaveric kidney. Things had reached the point where he needed a kidney in short order, before his health deteriorated to the point where he would no longer be a candidate for transplantation.

My wife's blood type ruled out the possibility of her being a direct donor, so I volunteered. The results of those tests were a match on 5 of the 7 kidney function—was able to be done to provide a full liter of urine in 10 minutes.

The results of those tests at the University of Washington recipient—the entire process (RN) was assigned specifically to me, the donor. Similarly, my visit involved some minor surgery.

My visit involved some minor surgery. Being a donor—the inherent recovery time, and the possibility of the discussions that afterwards positively impact someone else.

The events around the Wednesday evening, with the night—I watched my favorite in the morning. As you might for all of us. We shed a lot of beginning for my father-in-law so I was taken back first. A risk of one last hug for my wife.

When I woke up in recovery through which the surgeon which the kidney was removed the kidney had immediately return home the next Friday.

All told, I was out of work following a major surgery, I weekly blood tests to chart the at the 6 week mark. I was re capacity. Blood tests continued center's care six months after



IN PERSON

This first-person narrative describes the symptoms and treatment of a 42-year-old woman with gallbladder stones.

Everyone enjoys a little dessert after dinner, but when the ice cream or a creamy tart leads to pain, most would avoid it. I loved sweets, and despite the revenge they took on my waistline, I still would not pass up an ice cream cone—until my gallbladder decided it had had enough. After several late nights spent doubled over in pain, I tried to steer clear of fatty foods but could not resist the temptation of frozen yogurt.

With one hand I pushed my cart through the supermarket; with the other hand I fed myself some delicious low-fat (not non-fat) frozen yogurt. I never dreamed that the attendant at the quick service window actually gave me soft-serve ice cream. Within 10 minutes of eating the questionable yogurt, I broke out into a sweat; a wave of nausea took me, over and over, and a knifelike pain stabbed me in my right upper quadrant. It hurt even more when I pressed my hand on the area in an attempt to brace the pain.

Several months earlier, after a similar painful episode, I had undergone an ultrasound of my gallbladder, and the surgeon then recommended cholecystectomy. The U/S showed multiple stones in my gallbladder. Most of the stones were just the right size to lodge in the common bile duct and cause blockage of the outflow of bile that occurs after a fatty meal. When I heard the ultrasound results, I swore off all fatty foods.

I just did not imagine that ice cream masquerading as "low-fat yogurt" would be the straw that broke the camel's back! Soon enough, I abandoned my shopping cart and apologized to the manager of the store for vomiting all over aisle 4. The unrelenting pain did not cease when I vomited—it only intensified. I have no idea how I made it home and into bed, but my husband found me several hours later in a deep sweat. I managed to call my surgeon and arrange for "semiurgent" surgery the next morning.

Dr. Fernandez and his team performed a laparoscopic cholecystectomy and relayed to me as I came out of anesthesia that I no longer had a "bag of marbles" for a gallbladder. I had a gassy, distended feeling in my abdomen over the two weeks after surgery (carbon dioxide gas is injected into the abdomen before surgery to allow space between abdominal organs). I felt "tight as a drum" for the first few days and the day by day it went away. My four tiny incisions healed just fine, and in about 2 weeks I was feeling back to "normal". Now I can eat ice cream to my heart's content, only suffering the padding on my waistline, not the stabbing pain just above. Without missing a beat, my liver now delivers the bile into my small intestine right after I eat a fatty meal. The bile emulsifies (breaks down) the fat. I just don't have a storage bag to hold bile in reserve.

I've had an appendectomy, my wisdom teeth removed, and now I gave up my gallbladder! How many more "useless" body parts are there to go?

Elizabeth Chabner Thompson is the CEO/Founder of BFFL Co a company devoted to improving the patient experience. She is also a physician, ultra-marathoner, wife, and the proud mother of four children ages 9-15.



Molecularly Targeted Drugs

Examples are:

Gleevec (imatinib mesylate)—blocks bcr-abl tyrosine kinase in chronic myelogenous leukemia cells.

Tarceva (erlotinib)—blocks epidermal growth factor (EGFR) in lung cancer cells.

Zelboraf (vemurafenib)

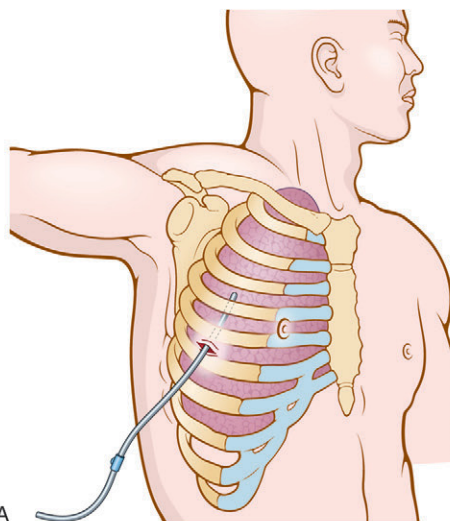
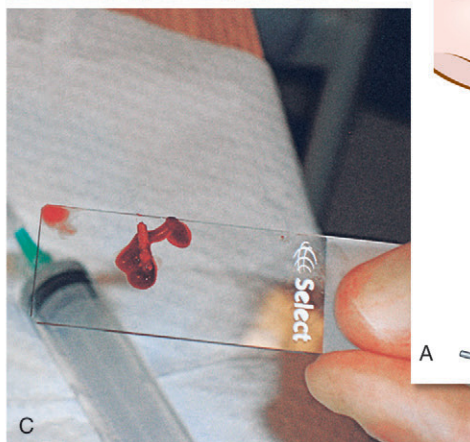
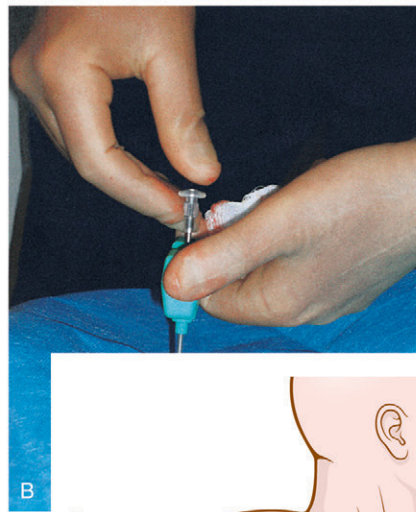
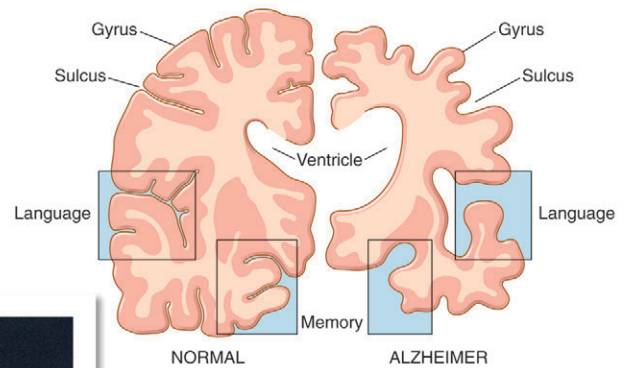
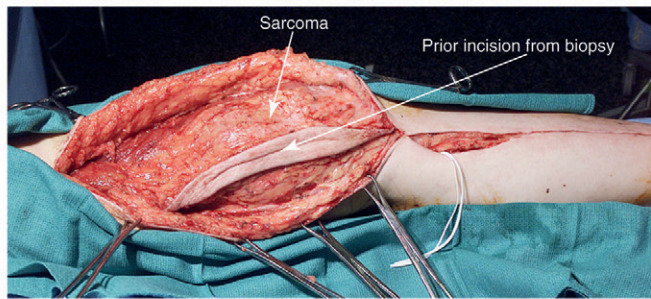


Types of melanin: Eumelanin and Pheomelanin

Eumelanin (eu- = true) is more common and is a brown-black pigment. **Pheomelanin** (phoe- = dusky) is a red-yellow pigment. People with darker skin have more eumelanin, whereas people with lighter skin have more pheomelanin. Pheomelanin is a photosensitizer (doesn't protect the skin from damaging ultraviolet rays) and makes lighter-skin individuals more susceptible to skin cancer.

New content on cutting-edge procedures enhances the relevance of medical terms.

New clinical photographs and drawings dynamically illustrate medical terminology, conditions, and treatments.



How To Use THE BOOK

The Language of Medicine makes learning easy. The book guides and coaches you step by step through the learning experience. Don't get overwhelmed! Approach learning systematically, step by step. I've helped you study each chapter by organizing the information in small pieces. Icons are provided to help you navigate the sections of the text.



VOCABULARY

This list reviews new terms introduced in the text. Short definitions reinforce your understanding of the terms. See page 449 of this chapter for pronunciation of terms.

aorta	Largest artery in the body.
apex of the heart	The lower tip of the heart.
arteriole	Small artery.
artery	Largest type of blood vessel; carries blood away from the heart to all parts of the body. Notice that artery and away begin with an "a."
atrioventricular bundle (bundle of His)	Specialized muscle fibers connecting the atria with the ventricles and transmitting electrical impulses between them. His is pronounced "hiss."
atrioventricular node (AV node)	Specialized tissue in the wall pass from the pacemaker (SA) atrioventricular bundle or bundle of His.



After basic material in the chapter is introduced, the key terms you need to learn are presented in Vocabulary lists. These lists help you study and stay focused.



You cannot get lost using *The Language of Medicine*. You learn and engage in small incremental steps. The book imparts the most important concepts, allowing you to concentrate on what is essential.



TERMINOLOGY

Write the meanings of the medical terms in the spaces provided.

COMBINING FORMS

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
adenoid/o	adenoids	<u>adenoidectomy</u> _____	
		<u>adenoid hypertrophy</u> _____	
alveol/o	alveolus, air sac	<u>alveolar</u> _____	
bronch/o bronchi/o	bronchial tube, bronchus	<u>bronchospasm</u> _____	
		<i>This tightening of the bronchus is a chief characteristic of asthma and bronchitis.</i>	
		<u>bronchiectasis</u> _____	
		<i>Caused by weakening of the bronchial wall from infection.</i>	



PRACTICAL APPLICATIONS

This section contains an x-ray report, an orthopedic operating room schedule, a case report with findings presented in SOAP format, and a short clinical case. Explanations of more difficult or unfamiliar terms are given in brackets.

Answers to the matching questions are found on page 640.

MEDICAL REPORT: RESULTS OF CHEST X-RAY EXAMINATION

PA [posteroanterior] and lateral chest: The heart is enlarged in its transverse diameter. The lungs are fully expanded and free of active disease.

Thoracic spine shows a scoliosis of the upper thoracic spine convex to the left. There is 50% wedge compression fracture of T6 and slight wedge compression fracture of T5. There is also anterior wedge compression fracture of T12.

Lumbar spine shows 90% compression fractures of L1 and L3 with 30% compression fractures of L2 and L5. All bones are markedly osteoporotic. There is calcification within the aortic arch. There are gallstones in the right upper quadrant. The findings in the spine are most compatible with osteoporotic compression fractures. During the procedure, the patient had a sickable [syncopal—this word was incorrectly transcribed!] episode and fell, striking her head. A skull series, done at no cost to the patient, shows no evidence of bony fracture. The pineal gland is calcified and has a midline location. The sella turcica is normal.

OPERATING ROOM SCHEDULE I

Match the operation in Column I with an accompanying diagnosis or indication for surgery from Column II.

COLUMN I		COLUMN II
1. Excision, osteochondroma, R calcaneus	_____	A. Fracture of the ankle
2. TMJ arthroscopy with probable arthrotomy	_____	B. ACL rupture
3. L4–5 laminectomy and disectomy	_____	C. Neoplastic lesion in brain
4. Arthroscopy, left knee	_____	D. Exostosis on heel bone
		E. Pelvic fracture
		F. Pain and malocclusion of jawbones

tion, or enlargement, of the opening of a ventilation to the lungs. An example is via an inhaler.

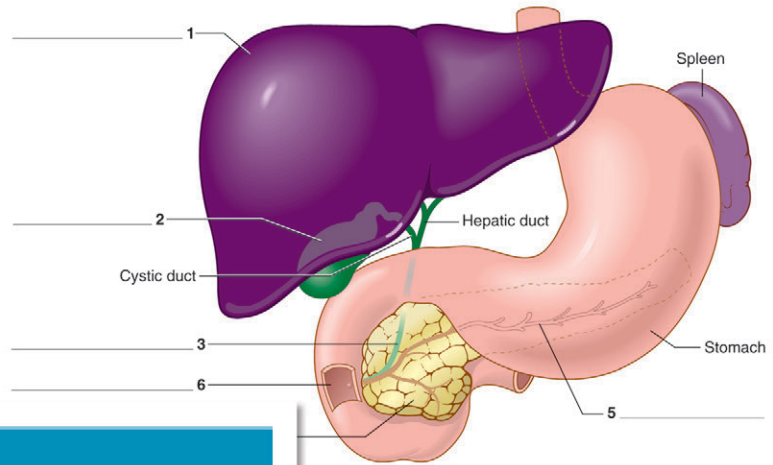
tula is an abnormal connection between the pleural cavity (space). Occurring as a or surgical complication, this can cause an al space.



Medical terminology is connected to real life with case reports and case studies throughout the text and on the companion Evolve website.



As you study with *The Language of Medicine*, you are engaged in each step of the learning process. On nearly every page, you are actively involved in labeling diagrams, dividing words into component parts, writing meanings to terms, testing, reviewing, and evaluating your learning.



EXERCISES

Remember to check your answers carefully with the Answers to Exercises, pages 179 and 180.

A Match the following digestive system structures with their meanings below.

anus	esophagus	liver
cecum	gallbladder	pancreas
colon	ileum	pharynx
duodenum	jejunum	sigmoid colon

- consists of ascending, transverse, descending, and sigmoid sections _____
- small sac under the liver; stores bile _____
- first part of the large intestine _____
- end of the digestive tract opening to the outside of the b _____
- second part of the small intestine _____
- tube connecting the throat to the stomach _____
- third part of the small intestine _____
- large organ in the RUQ; secretes bile, stores sugar, produ _____
- throat _____
- lowest part of the colon _____
- first part of the small intestine _____
- organ under the stomach; produce _____



Abbreviations are listed and explained in each body system chapter.



ABBREVIATIONS

alk phos	alkaline phosphatase	HBV	hepatitis B virus
ALT, AST	alanine transaminase, aspartate transaminase—enzymes measured to evaluate liver function	IBD	inflammatory bowel disease (Crohn disease and ulcerative colitis)
BE	barium enema	LAC	laparoscopic-assisted colectomy
BM	bowel movement	LFTs	liver function tests—alk phos, bilirubin, AST, ALT
BRBPR	bright red blood per rectum—hematochezia (Latin per means through)	MRI	magnetic resonance imaging
CD	celiac disease	NG tube	nasogastric tube
		NPO	nothing by mouth (Latin nil per os)



REVIEW SHEET

Write the meanings of each word part in the space provided. Check your answers with the information in the chapter or in the Glossary (Medical Word Parts—English) at the end of the book.

Combining Forms

COMBINING FORM	MEANING	COMBINING FORM	MEANING
aneurysm/o	_____	ox/o	_____
angi/o	_____	pericardi/o	_____
aort/o	_____	phleb/o	_____
arter/o, arteri/o	_____	pulmon/o	_____
ather/o	_____	rrhythm/o	_____
atri/o	_____	sphygm/o	_____
axill/o	_____	steth/o	_____
brachi/o	_____	thromb/o	_____
cardi/o	_____	valv/o	_____
cholesterol/o	_____	valvul/o	_____
coron/o	_____	vas/o	_____
cyan/o	_____	vascul/o	_____
isch/o	_____	ven/o, ven/i	_____
my/o	_____	ventricul/o	_____
myx/o	_____		



A Review Sheet at the end of each chapter helps you organize and test yourself on what you have learned!

gastrostomy
jejunostomy
atic
on
ions typically
ose), proteins
olytes (sodium,
, and vitamins.
duct for drainage
pile bag) on the



PRONUNCIATION OF TERMS

To test your understanding of the terminology in this chapter, write the meaning of each term in the space provided. In addition, you may wish to cover the terms and write them by looking at your definitions. Make sure your spelling is correct. The page number after each term indicates where it is defined or used in the book, so you can easily check your responses. You will find complete definitions for all of these terms and their audio pronunciations on the Evolve website.

Pronunciation Guide

ā as in āpe	ā as in āpple
ē as in ēven	ē as in ēvery
ī as in īce	ī as in īnterest
ō as in ōpen	ō as in pōt
ū as in ūnit	ū as in ūnder

Vocabulary and Terminology

TERM	PRONUNCIATION	MEANING
adenoidectomy (••)	ād-ē-noyd-ĒK-tō-mē	
adenoid hypertrophy (••)	ĀD-ē-noyd hī-PĒR-trō-fē	
adenoids (••)	ĀD-ē-noydz	
alveolar (••)	āl-VĒ-ō-lār	
alveolus; alveoli (••)	āl-VĒ-ō-lūs; āl-VĒ-ō-lī	
anosmia (••)	ān-ŌS-mē-ā	
apex of the lung (••)	Ā-pēkz of the lūng	
apical (••)	Ā-pī-kāl	
apnea (••)	ĀP-nē-ā	
asphyxia (••)	ās-FĪK-sē-ā	
atelectasis (••)	ā-tē-LĒK-tā-sīs	
base of the lung (••)	bās of the lūng	
bronchiectasis (••)	brōng-kē-ĒK-tā-sīs	
bronchioles (••)	BRŌNG-kē-ōlz	
bronchiolitis (••)	brōng-kē-ō-lī-tīs	



The Pronunciation of Terms section shows you how to pronounce each new term in the chapter and gives you the chance to practice writing its meaning. You can also hear these terms pronounced on the companion Evolve website. The answers to the Pronunciation of Terms section are found on the Evolve website as well.

ALSO AVAILABLE

STUDENT EVOLVE RESOURCES

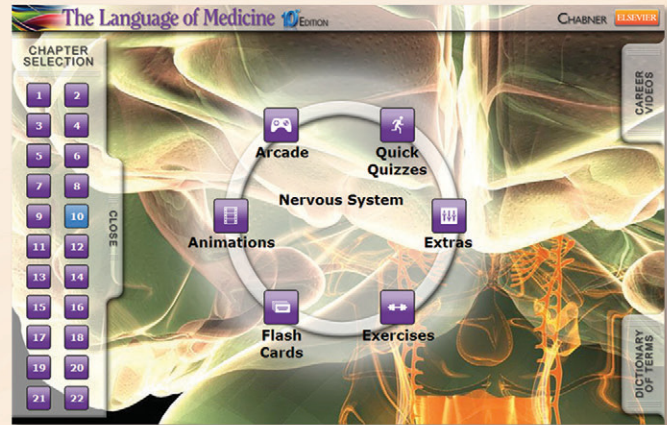
(complimentary access included with purchase of this text)

All student resources are now available online on the Evolve website. The student website accompanying this new edition is packed with activities, games, additional information, and video clips to expand your understanding and test your knowledge. Chapter by chapter you will find quizzes, case studies, examples of medical records, and a wealth of images to illustrate terminology. Additionally, on the website, you can hear the terms corresponding to the Pronunciation of Terms section in each chapter (more than 3,000 terms in all). Access your resources at: <http://evolve.elsevier.com/Chabner/language>.



New to the Student Evolve Website for the 10th Edition

- Updated interface enabling convenient online access to your resources.
- A Mobile Dictionary has been added for this edition. Access this complimentary resource from the Evolve site on your desktop or mobile device and have easy access to definitions of all terms found in the text. This resource helps you study each chapter and also will be a reference for you in the workplace. Each definition has been crafted carefully to explain terms using plain, nontechnical language.
- A Quick Quiz feature has also been added, enabling students to get a snapshot assessment of their knowledge of a chapter's content.
- The new Mobile Dictionary, Quick Quizzes, and updated Flash Cards have been optimized for use on mobile devices, providing convenient access for on-the-go studying.



iTerms Study Companion (for sale separately)

The iTerms audio study guide provides pronunciation and enables you to hear each term pronounced with its definition, in a portable format. This audio companion is available for download. Also included are short review quizzes and coaching tips to help you make the most of your study.

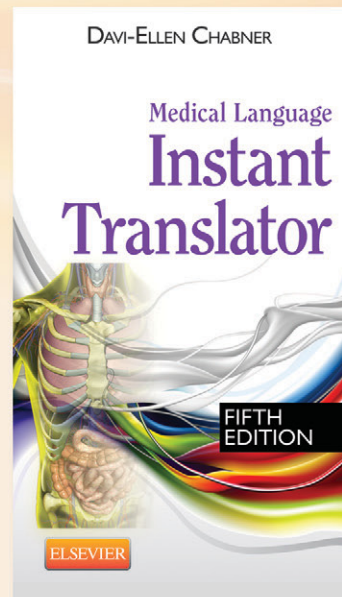
MEDICAL LANGUAGE INSTANT TRANSLATOR (for sale separately)

The *Medical Language Instant Translator* is a uniquely useful resource for all allied health professionals and students of medical terminology. It is a pocket-sized medical terminology reference with convenient information at your fingertips!

- NEW updates to correlate with the revision of *The Language of Medicine*

INSTRUCTOR'S RESOURCE MANUAL

The Language of Medicine Instructor's Resource Manual (includes instructor's manual, PowerPoints, and an image collection) is available with even more new quizzes, teaching suggestions, crossword puzzles, medical reports, and reference material. The image collection contains all figures and photos from the 10th edition. The instructor materials plus a test bank can be accessed online at <http://evolve.elsevier.com/Chabner/language>.



The fundamental features you have come to trust in learning and teaching medical terminology remain strong in this new edition. These are:

- Simple, nontechnical explanations of medical terms.
- Workbook format with ample space to write answers.
- Explanations of clinical procedures, laboratory tests, and abbreviations related to each body system.
- Pronunciation of Terms sections with phonetic spellings and spaces to write meanings of terms.
- Practical Applications sections with case reports, operative and diagnostic tests, and laboratory and x-ray reports.
- Exercises that test your understanding of terminology as you work through the text step by step (answers are included).
- Review Sheets that pull together terminology to help you study.
- Comprehensive glossaries and appendices for reference in class and on the job.

Each student and teacher who selects *The Language of Medicine* becomes my partner in the exciting adventure of learning medical terms. Continuity is crucial. Continue to communicate with me through email (daviellenchabner@gmail.com) with your suggestions and comments so that future printings and editions may benefit. A website connected to *The Language of Medicine* and dedicated to helping students and teachers is located at <http://evolve.elsevier.com/Chabner/language>. I hope you will tell me about additional resources you would like to see on that website so that we can make it an even more useful part of the learning process. You should know that I still experience the thrill and joy of teaching new students. I love being in a classroom and feel privileged to continue to write this text. I hope that my enthusiasm and passion for the medical language are transmitted to you through these pages.

Work hard, but have fun with
The Language of Medicine!



DAVI-ELLEN CHABNER

ACKNOWLEDGMENTS

Maureen Pfeifer has been my extraordinary editorial partner for the last 15 years. Her phenomenal expertise in all facets of communication, coordination, production, editing, updating, and management is amazing. She has the unique ability to “make things happen” and “make things right.” Both personally and professionally, I am grateful for her unique insight and capabilities. She is intelligent, calm, and upbeat in the face of any issue affecting *The Language of Medicine* and its ancillaries. Most of all, I rely on her loyalty and her confidence that we are creating an eminently useful and valuable textbook and resource for both students and instructors. Thank you, Maureen, for everything you do for me.

Ellen Zanolle, Senior Book Designer, Art and Design, continues to astound me with her fresh and vibrant presentation for the cover and interior of this new edition. Her creative genius is evident on every page. She is always responsive and innovative in presenting a complex layout and coordinating multiple elements of the text. Ellen, I am so grateful for your fierce dedication to all of my books! Bill Donnelly, page layout designer, once again did an excellent job arranging and crafting each page to make learning easier for students. Bill, thanks for all your hard work.

Jim Perkins, Assistant Professor of Medical Illustration, Rochester Institute of Technology, has been associated with *The Language of Medicine* since its 6th edition. He has worked with me to create drawings that are not only attractive but also essential in making the terminology more understandable. I have come to rely on his unique talent for clarity, accuracy, and detail.

Elizabeth Galbraith copyedited and proofread the manuscript with her characteristic attention to grammatical detail and medical accuracy. Thanks to her, students will read and study the text with greater ease.

Bruce A. Chabner, MD, and Elizabeth Chabner Thompson, MD, MPH, continue to be an amazing resource to me for expert and up-to-date medical advice. Their contributions were essential in reviewing and editing all chapters and glossaries. In addition, Elizabeth, once again recorded the iTerms for the book, an invaluable accessory to the text for help in pronunciation and understanding terminology. Dan Longo, MD, never turned me down for valuable medical advice and editing of chapters. He was also a wonderful resource for helping me identify expert reviewers.

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CONTENTS

- 1** Basic Word Structure **I**
- 2** Terms Pertaining to the Body as a Whole **33**
- 3** Suffixes **73**
- 4** Prefixes **107**
- 5** Digestive System **139**
- 6** Additional Suffixes and Digestive System Terminology **187**
- 7** Urinary System **215**
- 8** Female Reproductive System **257**
- 9** Male Reproductive System **311**
- 10** Nervous System **343**
- 11** Cardiovascular System **397**
- 12** Respiratory System **457**
- 13** Blood System **501**
- 14** Lymphatic and Immune Systems **545**

- 15** Musculoskeletal System **577**
- 16** Skin **651**
- 17** Sense Organs: The Eye and the Ear **695**
- 18** Endocrine System **747**
- 19** Cancer Medicine (Oncology) **797**
- 20** Radiology and Nuclear Medicine **849**
- 21** Pharmacology **881**
- 22** Psychiatry **921**

GLOSSARY 959

Medical Word Parts—English **959**

English—Medical Word Parts **968**

APPENDIX I Plurals 981**APPENDIX II Abbreviations, Acronyms, Eponyms, and Symbols 982****APPENDIX III Normal Hematologic Reference Values and Implications of Abnormal Results 994****APPENDIX IV Drugs 998**

Illustrations Credits **1003**

Index **1006**

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CHAPTER I

Basic Word Structure

This chapter is divided
into the following sections:

Objectives in Studying the Medical Language, 2

Word Analysis, 3

Terminology, 6

Practical Applications, 16

Exercises, 17

Answers to Exercises, 24

Pronunciation of Terms, 27

Review Sheet, 31

CHAPTER GOALS

- Identify basic objectives to guide your study of the medical language.
- Divide medical words into their component parts.
- Learn the meanings of basic combining forms, suffixes, and prefixes of the medical language.
- Use these combining forms, suffixes, and prefixes to build medical words.

OBJECTIVES IN STUDYING THE MEDICAL LANGUAGE

There are three objectives to keep in mind as you study medical terminology:

- **Analyze words by dividing them into component parts.**

Your goal is to learn the *tools* of word analysis that will make understanding complex terminology easier. Do not simply memorize terms; think about dividing terms into component parts. This book will show you how to separate both complicated and simple terms into understandable word elements. Medical terms are much like jigsaw puzzles in that they are constructed of small pieces that make each word unique, with one major difference: The pieces can be shuffled up and used in lots of combinations to make other words as well. As you become familiar with word parts and learn what each means, you will be able to recognize those word parts in totally new combinations in other terms.

- **Relate the medical terms to the structure and function of the human body.**

Memorization of terms, although essential to retention of the language, should not become the primary objective of your study. A major focus of this book is to *explain* terms in the context of how the body works in health and disease. Medical terms explained in their proper context also will be easier to remember. Thus, the term **hepatitis**, meaning inflammation (**-itis**) of the liver (**hepat**), is better understood when you know where the liver is and how it functions. No previous knowledge of biology, anatomy, or physiology is needed for this study. Explanations in this book are straightforward and basic.

- **Be aware of spelling and pronunciation problems.**

Some medical terms are pronounced alike but are spelled differently, which accounts for their different meanings. For example, **ilium** and **ileum** have identical pronunciations, but the first term, **ilium**, means a part of the hip bone, whereas the second term, **ileum**, refers to a part of the small intestine (Figure 1-1). Even

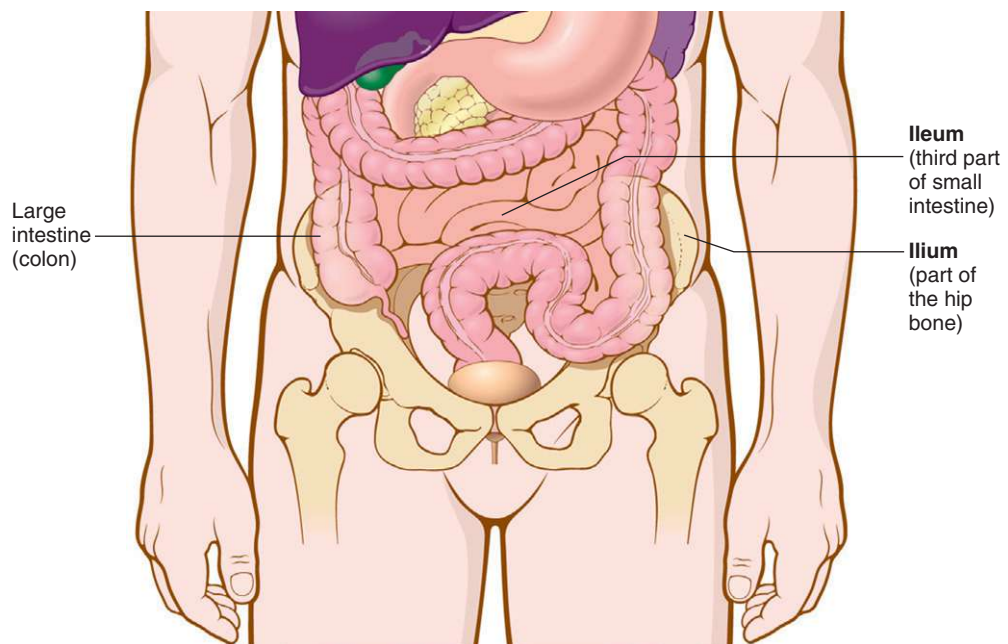


FIGURE 1-1 The terms **ileum** and **ilium** can be confusing because they are pronounced alike and located in the same region of the body.

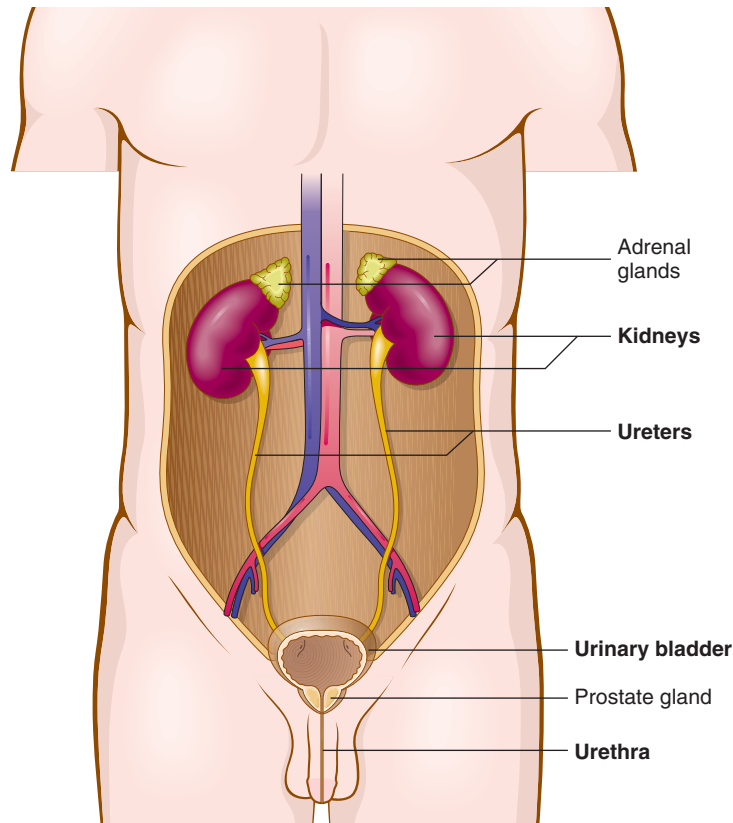


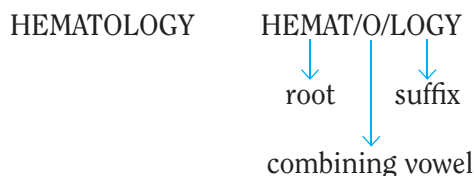
FIGURE 1-2 Male urinary tract. The terms **urethra** and **ureter** can be confusing because they are both tubes of the urinary system, but the spellings and pronunciations are different. Notice the locations: **two** ureters between the kidneys and urinary bladder and **one** urethra between the urinary bladder and the outside of the body.

when terms are spelled correctly, they can be misunderstood because of incorrect pronunciation. For example, the **urethra** (ū-RĒ-thrāh) is the tube leading from the urinary bladder to the outside of the body, whereas a **ureter** (ŪR-ĕ-tĕr) is one of two tubes each leading from a single kidney and inserting into the urinary bladder. Figure 1-2 illustrates the difference between the urethra and the ureters.

WORD ANALYSIS

Studying medical terminology is very similar to learning a new language. At first, the words sound strange and complicated, although they may stand for commonly known disorders and terms. For example, **cephalgia** means “headache,” and an **ophthalmologist** is an “eye doctor.”

Your first job in learning the language of medicine is to understand how to divide words into their component parts. Logically, most terms, whether complex or simple, can be broken down into basic parts and then understood. For example, consider the following term:



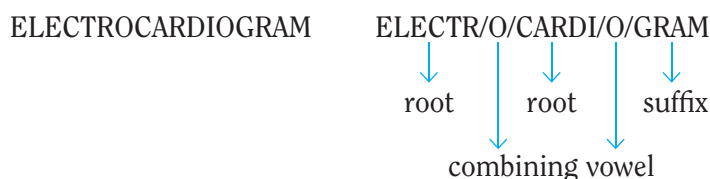
The **root** is the *foundation of the word*. All medical terms have one or more roots. For example, the root **hemat** means **blood**.

The **suffix** is the *word ending*. All medical terms have a suffix. The suffix **-logy** means **process of study**.

The **combining vowel**—usually **o**, as in this term—*links the root to the suffix or the root to another root*. A combining vowel has no meaning of its own; it joins one word part to another.

It is useful to read the meaning of medical terms *starting from the suffix and then going back to the beginning of the term*. Thus, the term **hematology** means **process of study of blood**.

Here is another familiar medical term:



The root **electr** means **electricity**.

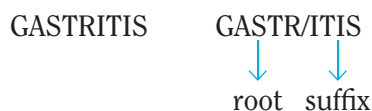
The root **cardi** means **heart**.

The suffix **-gram** means **record**.

The entire word, reading from the suffix back to the beginning of the term, means **record of the electricity in the heart**.

Notice that there are two combining vowels—both **o**—in this term. The first o links the two roots **electr** and **cardi**; the second o links the root **cardi** and the suffix **-gram**.

Try another term:



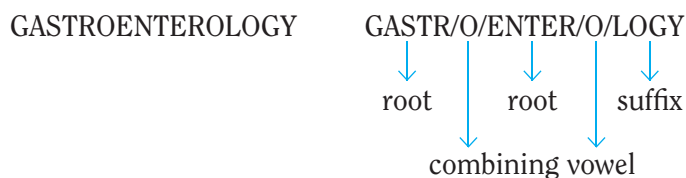
The root **gastr** means **stomach**.

The suffix **-itis** means **inflammation**.

The entire word, reading from the end of the term (suffix) to the beginning, means **inflammation of the stomach**.

Notice that the combining vowel, **o**, is missing in this term. This is because the suffix, **-itis**, begins with a vowel. The combining vowel is dropped before a suffix that begins with a vowel. It is retained, however, between two roots, even if the second root begins with a vowel.

Consider the following term:



The root **gastr** means **stomach**.

The root **enter** means **intestines**.

The suffix **-logy** means **process of study**.

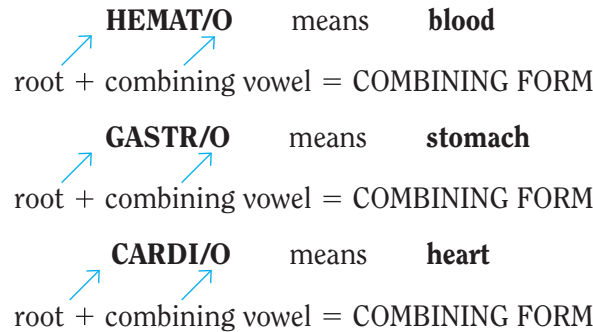
The entire term means **process of study of the stomach and intestines**.

Notice that the combining vowel is used between **gastr** and **enter**, even though the second root, **enter**, begins with a vowel. When a term contains two or more roots related to parts of the body, anatomic position often determines which root goes before the other. For example, the stomach receives food first, before the small intestine—so the word is formed as **gastroenterology**, not “enterogastrology.”

In summary, remember **three general rules**:

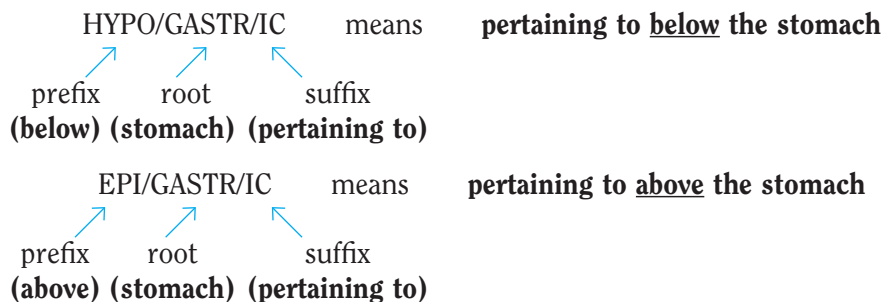
1. Read the meaning of medical terms from the suffix back to the beginning of the term and across.
2. Drop the combining vowel (usually o) before a suffix beginning with a vowel: **gastritis**, *not* “gastroitis.”
3. Keep the combining vowel between two roots: **gastroenterology**, *not* “gastreenterology.”

In addition to the root, suffix, and combining vowel, two other word parts are commonly found in medical terms. These are the **combining form** and the **prefix**. The combining form is simply the root plus the combining vowel. For example, you already are familiar with the following combining forms and their meanings:



Combining forms are used with many different suffixes. Remembering the meaning of a combining form will help you understand different medical terms.

The **prefix** is a small part that is attached to the *beginning of a term*. Not all medical terms contain prefixes, but the prefix can have an important influence on the meaning. Consider the following examples:



In summary, the **important elements of medical terms** are the following:

1. **Root:** foundation of the term
2. **Suffix:** word ending
3. **Prefix:** word beginning
4. **Combining vowel:** vowel (usually o) that links the root to the suffix or the root to another root
5. **Combining form:** combination of the root and the combining vowel



TERMINOLOGY

In previous examples you have been introduced to the combining forms **gastr/o** (stomach), **hemat/o** (blood), and **cardi/o** (heart). This section of the chapter presents a list of additional combining forms, suffixes, and prefixes, with examples of medical words using those word parts. (Similar lists are included for each chapter in the book.) Write the *meaning* of the medical term in the space provided. Then check the correct pronunciation for each term with the Pronunciation of Terms list on pages 27 to 30. The Evolve website for *The Language of Medicine* contains definitions and audio pronunciations for each term. Use it!

Most medical terms are derived from Greek and Latin roots. Greek, Roman, and Arabic physicians had developed medically useful concepts and associated vocabularies long before the 21st century. Greek and Latin derivations for medical terms are presented for your interest on the Evolve website.

CHAPTER STUDY GUIDE

1. **Use slashes to divide each term** into component parts (*aden/oma*), and **write its meaning** (*tumor of a gland*) in the space provided. Although most medical terms are divided easily into component parts and understood, others defy simple explanation. Information in *italics* under a medical term helps you define and understand the term. You can check meanings on the Evolve site.
2. **Complete the Exercises**, pages 17 to 23, and **check your answers against those provided** on pages 24 to 26.
3. **Write meanings for terms on the Pronunciation of Terms list**, pages 27 to 30. Definitions are on the Evolve site.
4. **Complete the Review Sheet**, pages 31 and 32. Check your answers with the Glossary, page 961. Then, **test yourself** by writing Review Sheet terms and meanings on a separate sheet of paper.
5. **Make your own flash cards**. Using the Review Sheet as a guide, create flash cards that can be transported wherever you study!
6. **Create your own book tabs** to have easy access to key concepts and frequently used sections; for example the **Glossary of Word Parts**, beginning on page 961.
7. **Review terms** using the audio pronunciations found on the Evolve website.

Notice that you are actively engaging in the learning process by writing terms and their meanings and testing yourself repeatedly. Here is your study mantra: **Read, WRite, Recite, and Review**. I guarantee success if you follow these simple steps. This is a proven method—it really works!

COMBINING FORMS

Remember: You will find every term phonetically pronounced starting on page 27, and you can hear the pronunciations on the Evolve website.

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
aden/o	gland	<u>adenoma</u> <i>tumor of a gland</i> <i>The suffix -oma means tumor or mass.</i>	
		<u>adenitis</u> _____ <i>The suffix -itis means inflammation.</i>	
arthr/o	joint	<u>arthritis</u> _____	
bi/o	life	<u>biology</u> _____ <i>The suffix -logy is composed of the root log (study) and the final suffix -y (process or condition).</i>	
		<u>biopsy</u> _____ <i>The suffix -opsy means process of viewing. Living tissue is removed from the body and viewed under a microscope.</i>	
carcin/o	cancerous, cancer	<u>carcinoma</u> _____ <i>A carcinoma is a cancerous tumor. Carcinomas grow from the epithelial (surface or skin) cells that cover the outside of the body and line organs, cavities, and tubes within the body (Figure 1-3).</i>	
cardi/o	heart	<u>cardiology</u> _____	
cephal/o	head	<u>cephalic</u> _____ <i>(sě-FĀL-ĭk) The suffix -ic means pertaining to. A cephalic presentation describes a “head first” position for the delivery of an infant.</i>	



FIGURE 1-3 Carcinoma of the skin. This is a **basal cell carcinoma**, the most common form of skin cancer. It usually occurs on sun-damaged skin.

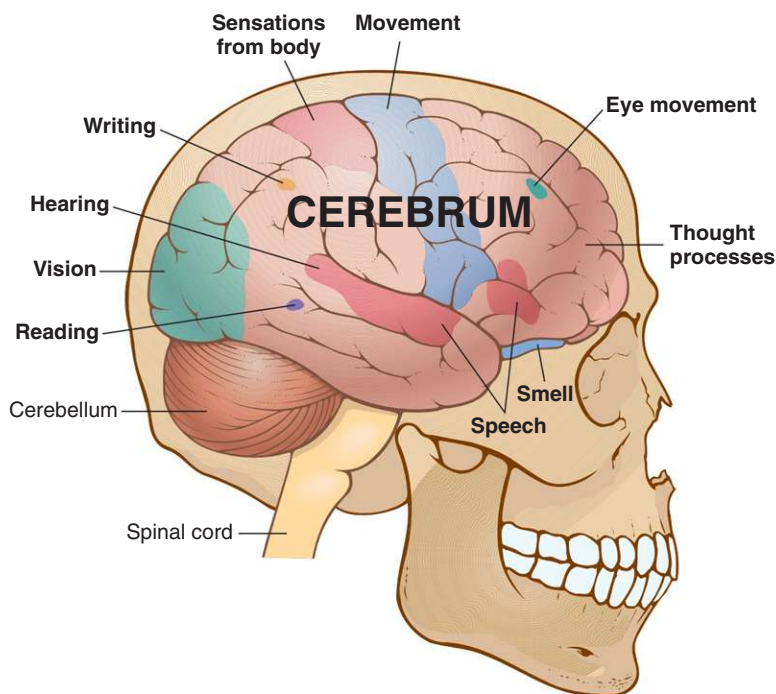


FIGURE 1-4 Cerebrum and the functions it controls. A **cerebrovascular accident (CVA)**, or **stroke**, occurs when blood vessels (vascul/o means blood vessel) are damaged in the cerebrum and blood is prevented from reaching functional areas of the brain. Cells, deprived of oxygen and nutrients, are damaged, causing loss of movement, speech, and other signs and symptoms of a CVA.

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
cerebr/o	cerebrum (largest part of the brain)	<u>cerebral</u> _____ <i>The suffix -al means pertaining to. Figure 1-4 shows the cerebrum and its many functional areas.</i>	
cis/o	to cut	<u>incision</u> _____ <i>The prefix in- means into, and the suffix -ion means process.</i> <u>excision</u> _____ <i>The prefix ex- means out.</i>	
crin/o	to secrete (to form and give off)	<u>endocrine</u> glands _____ <i>The prefix endo- means within; endocrine glands (e.g., thyroid, pituitary, and adrenal glands) secrete hormones directly within (into) the bloodstream. Other glands, called exocrine glands, release their secretions (e.g., saliva, sweat, tears) through tubes (ducts) to the outside of the body.</i>	
cyst/o	urinary bladder; a sac or a cyst (sac containing fluid)	<u>cystoscopy</u> _____ <i>(sīs-TŌS-kō-pē) The suffix -scopy is a complex suffix that includes the root scop, meaning visual examination, and the final suffix -y, meaning process.</i>	



Complex suffixes

Many suffixes, like **-scopy**, contain an embedded root word. Other examples are **-opsy** (ops is a root) and **-logy** (log is a root).

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
cyt/o	cell	<u>cytology</u> _____ <i>See Figure 1-5 for examples of blood cells.</i>	
derm/o	skin	<u>dermatitis</u> _____	
dermat/o		<u>hypodermic</u> _____ <i>The prefix hypo- means under or below.</i>	
electr/o	electricity	<u>electrocardiogram</u> _____ <i>The suffix -gram means record. Abbreviated ECG (or sometimes EKG).</i>	
encephal/o	brain	<u>electroencephalogram</u> _____ <i>Abbreviated EEG.</i>	
enter/o	intestines (usually the small intestine)	<u>enteritis</u> _____ <i>The small intestine is narrower but much longer than the large intestine (colon). See Figure 1-1 on p. 2, which shows the small and large intestines.</i>	
erythr/o	red	<u>erythrocyte</u> _____ <i>The suffix -cyte means cell. Erythrocytes carry oxygen in the blood.</i>	
gastr/o	stomach	<u>gastrectomy</u> _____ <i>The suffix -ectomy means excision or removal. All or, more commonly, part of the stomach is removed.</i> <u>gastrotomy</u> _____ <i>The suffix -tomy is another complex suffix, which contains the root tom, meaning to cut, and the final suffix -y, meaning process of.</i>	

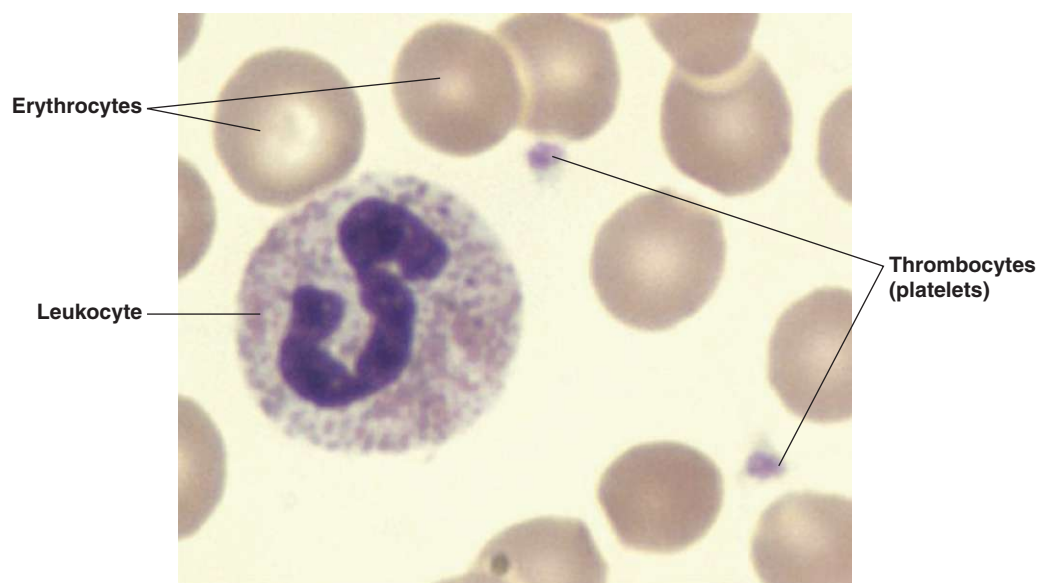



FIGURE 1-5 Blood cells. Notice red blood cells (erythrocytes), a white blood cell (leukocyte), and clotting cells (thrombocytes or platelets).

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
glyc/o	sugar	hyperglycemia 	_____
		The prefix <i>hyper-</i> means excessive, above, or more than normal. The suffix <i>-emia</i> means blood condition.	
gnos/o	knowledge	diagnosis _____	_____
		The prefix <i>dia-</i> means complete. The suffix <i>-sis</i> means state or condition of. A diagnosis is made after sufficient information has been obtained about the patient's condition. Literally, it is a "state of complete knowledge."	
		prognosis _____	_____
		The prefix <i>pro-</i> means before. Literally "knowledge before," a prognosis is a prediction about the outcome of an illness, but it is always given after the diagnosis has been determined.	
gynec/o	woman, female	gynecology _____	_____
hemat/o	blood	hematology _____	_____
hem/o		hematoma _____	_____
		In this term, <i>-oma</i> means a mass or collection of blood, rather than a growth of cells (tumor). A hematoma forms when blood escapes from blood vessels and collects as a clot in a cavity or organ or under the skin. See Figure 1-6.	
		hemoglobin _____	_____
		The suffix <i>-globin</i> means protein. Hemoglobin carries oxygen in red blood cells.	
hepat/o	liver	hepatitis _____	_____
iatr/o	treatment, physician	iatrogenic _____	_____
		The suffix <i>-genic</i> means pertaining to producing, produced by, or produced in. Iatrogenic conditions are adverse effects that result from treatment or intervention by a physician.	
leuk/o	white	leukocyte _____	_____
		This blood cell helps the body fight disease.	
log/o	study of	dermatology _____	_____
nephr/o	kidney	nephritis _____	_____
		nephrology _____	_____
neur/o	nerve	neurology _____	_____



Hyperglycemia and Diabetes

Hyperglycemia (high blood sugar) most frequently is associated with **diabetes**. People with diabetes have high blood sugar levels because they **lack insulin** (in **type 1 diabetes**) or have **ineffective insulin** (in **type 2 diabetes**). Insulin is the hormone normally released by the pancreas (an endocrine gland near the stomach) to "escort" sugar from the bloodstream into cells. Sugar (glucose) is then broken down in cells to release energy. When insulin is not present, sugar cannot enter cells and builds up in the bloodstream (hyperglycemia).

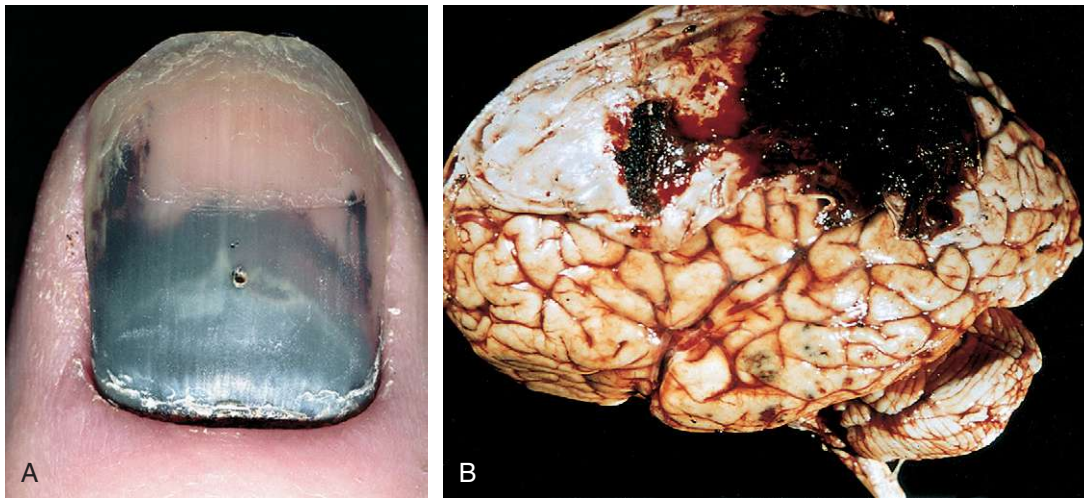


FIGURE 1-6 A, Notice the **hematoma** under the nail. B, **Hematoma** caused by external trauma to the brain (cerebrum). Blood collects above the brain's outermost (epi-) covering (dura). It is an **epidural hematoma**. (B, Courtesy of Dr. Raymond D. Adams, Massachusetts General Hospital, Boston.).

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
onc/o	tumor	<u>oncology</u> _____ <u>oncologist</u> _____ <i>The suffix -ist means one who specializes in a field of medicine (or other profession).</i>	
ophthalm/o	eye	<u>ophthalmoscope</u> _____ <i>(ŏf-THĀL-mō-skōp) The suffix -scope means an instrument for visual examination. (To help with spelling, notice that just as there are two eyes, there are two "h"s in this term.)</i>	
oste/o	bone	<u>osteitis</u> _____ <u>osteoarthritis</u> _____ <i>This condition of aging is actually a degeneration of bones and joints often accompanied by inflammation.</i>	
path/o	disease	<u>pathology</u> _____ <u>pathologist</u> _____ <i>A pathologist examines biopsy samples microscopically and examines dead bodies to determine the cause of death.</i>	
ped/o	child	<u>pediatric</u> _____ <i>Notice that ped/o is also in the term orthopedist. Orthopedists once were doctors who straightened (orth/o means straight) children's bones and corrected deformities. Nowadays, orthopedists specialize in disorders of bones and muscles in people of all ages.</i>	

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
psych/o	mind	<u>psych</u> ology _____ <u>psych</u> iatrist _____	
radi/o	x-rays	<u>radi</u> ology _____ <i>Low-energy x-rays are used for diagnostic imaging.</i>	
ren/o	kidney	<u>renal</u> _____ <i>Ren/o (Latin) and nephro (Greek) both mean kidney. Ren/o is used with -al (Latin) to describe the kidney, whereas nephro is used with other suffixes such as -osis, -itis, and -ectomy (Greek) to describe abnormal conditions and operative procedures.</i>	
rhin/o	nose	<u>rhini</u> tis _____	
sarc/o	flesh	<u>sar</u> coma _____ <i>This is a cancerous (malignant) tumor. A sarcoma (Figure 1-7) grows from cells of “fleshy” connective tissue such as muscle, bone, and fat, whereas a carcinoma (another type of cancerous tumor) grows from epithelial cells that line the outside of the body or the inside of organs in the body.</i>	
sect/o	to cut	<u>re</u> section _____ <i>The prefix re- means back. A resection is a cutting back in the sense of cutting out or removal (excision). A gastric resection is a gastrectomy, or excision of the stomach.</i>	
thromb/o	clot, clotting	<u>thromb</u> ocyte _____ <i>Also known as platelets, these cells help clot blood. A thrombus is the actual clot that forms, and thrombosis (-osis means condition) is the condition of clot formation.</i>	
ur/o	urinary tract, urine	<u>uro</u> logy _____ <i>A urologist is a surgeon who operates on the organs of the urinary tract and the organs of the male reproductive system.</i>	

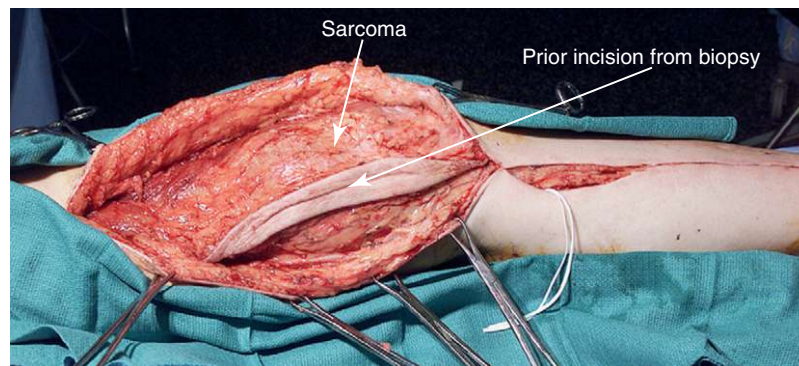



FIGURE 1-7 Sarcoma of muscle in the thigh. (Courtesy Dr. Sam Yoon, Massachusetts General Hospital, Boston.)

SUFFIXES

SUFFIX	MEANING	TERMINOLOGY	MEANING
-ac	pertaining to	cardiac _____	
-al	pertaining to	neural _____	
-algia	pain	arthralgia _____	
		neuralgia _____	
-cyte	cell	erythrocyte _____	
-ectomy	excision, removal	nephrectomy _____	
-emia	blood condition	leukemia _____	
		<i>Literally, this term means “a blood condition of white (blood cells).” Actually, it is a condition of blood in which cancerous white blood cells proliferate (increase in number).</i>	
-genic	pertaining to producing, produced by, or produced in	carcinogenic _____	
		<i>Cigarette smoke is carcinogenic.</i>	
		pathogenic _____	
		<i>A virus or a bacterium is a pathogenic organism.</i>	
		iatrogenic _____	
		<i>In this term, -genic means produced by.</i>	
-globin	protein	hemoglobin _____	
-gram	record	electroencephalogram _____	
-ic, -ical	pertaining to	gastric _____	
		neurologic _____	
		<i>Log/o means study of.</i>	
-ion	process	excision _____	
-ist	specialist	ophthalmologist  _____	
-itis	inflammation	cystitis _____	
-logy	process of study	endocrinology _____	
-oma	tumor, mass, swelling	hepatoma _____	
		<i>A hepatoma (hepatocellular carcinoma) is a malignant tumor of the liver.</i>	
-opsy	process of viewing	biopsy _____	
		<i>Biopsy specimens are obtained and viewed under a microscope.</i>	



Ophthalmologist, Optometrist, Optician

An **ophthalmologist** is a **physician** who specializes in diagnosing and treating (surgically and medically) disorders of the eye. An **optometrist** is a **healthcare professional** who examines (metr/o = to measure) eyes and prescribes corrective lenses, and may treat eye diseases. An **optician** grinds lenses and fits glasses but does not examine eyes, prescribe corrective lenses, or treat eye diseases.

SUFFIX	MEANING	TERMINOLOGY	MEANING
-osis	condition, usually abnormal (slight increase in numbers when used with blood cells)	nephrosis _____ leukocytosis _____ <i>This condition, a slight increase in normal white blood cells, occurs as white blood cells multiply to fight an infection. Don't confuse leukocytosis with leukemia, which is a cancerous (malignant) condition marked by high levels of abnormal, immature white blood cells.</i>	
-pathy	disease condition	enteropathy _____ (ĕn-tĕ-RŎP-ă-thĕ) adenopathy _____ (ă-dĕ-NŎP-ă-thĕ)	
-scope	instrument to visually examine	endoscope _____ <i>Endo- means within. A cystoscope is a type of endoscope.</i>	
-scopy	process of visually examining	endoscopy _____ (ĕn-DŎS-kŏ-pĕ) <i>Endoscopy is performed with an endoscope.</i>	
-sis	state of; condition	prognosis _____	
-tomy	process of cutting, incision	osteotomy _____ (ŏs-tĕ-ŎT-tŏ-mĕ)	
-y	process, condition	gastroenterology _____	

PREFIXES

PREFIX	MEANING	TERMINOLOGY	MEANING
a-, an-	no, not, without	anemia _____ <i>Anemia is a decreased number of erythrocytes or an abnormality of the hemoglobin (a chemical) within the red blood cells. This results in decreased delivery of oxygen to cells of the body. Anemic patients look so pale that early physicians thought they were literally "without blood."</i>	
aut-, auto-	self, own	autopsy _____ <i>This term literally means "process of viewing by oneself." Hence, an autopsy is the examination of a dead body with one's own eyes to determine the cause of death and nature of disease.</i>	
dia-	complete, through	diagnosis _____ <i>The plural of diagnosis is diagnoses.</i> 🌐	



Plurals

Terms ending in **-is** (diagnosis, prognosis) form their plural by dropping the **-is** and adding **-es**. See **Appendix I**, page 981, for other rules on formation of plurals.

PREFIX	MEANING	TERMINOLOGY	MEANING
endo-	within	<u>end</u> ocrinologist _____	
epi-	above, upon	<u>epi</u> gastric _____ <u>epi</u> dermis _____ <i>This outermost layer of skin lies above the middle layer of skin, known as the dermis.</i>	
ex-, exo-	out, outside of, outward	<u>ex</u> cision _____ <u>exo</u> crine glands _____	
hyper-	excessive, above, more than normal	<u>hyper</u> thyroidism  _____ <i>The suffix -ism means process or condition.</i>	
hypo-	deficient, below, under, less than normal	<u>hypo</u> gastric _____ <i>When hypo- is used with a part of the body, it means below.</i> <u>hypo</u> glycemia _____ <i>In this term, hypo- means deficient.</i>	
in-	into, in	<u>in</u> cision _____	
peri-	surrounding, around	<u>peri</u> cardium _____ <i>The suffix -um means a structure. The pericardium is the membrane that surrounds the heart.</i>	
pro-	before, forward	<u>pro</u> state gland _____ <i>This exocrine gland “stands” (-state) before or in front of the urinary bladder (see Figure 1-2). It produces semen, which contains fluid and sperm cells.</i>	
re-	back, backward, again	<u>re</u> section _____ <i>This is an operation in which tissue is “cut back” or removed. The Latin resectio means a trimming or pruning.</i>	
retro-	behind	<u>retro</u> cardiac _____	
sub-	below, under	<u>sub</u> hepatic _____	
trans-	across, through	<u>trans</u> hepatic _____	



Understanding Hyperthyroidism

In **hyperthyroidism**, a **hyperactive thyroid gland** (an endocrine gland in the neck) secretes a greater than normal amount of **thyroxine** (thyroid hormone, or **T₄**). Because thyroxine causes cells to burn fuel and release energy, signs and symptoms of hyperthyroidism are **increased energy level** and **nervousness**, **tachycardia** (increased heart rate), **weight loss**, and **exophthalmos** (bulging eyeballs).



PRACTICAL APPLICATIONS

This section provides an opportunity for you to use your skill in understanding medical terms and to increase your knowledge of new terms. Be sure to check your answers with the Answers to Practical Applications on page 26. You should find helpful explanations there.

SPECIALISTS

Match the **abnormal condition** in Column I with the **physician (specialist)** who treats it in Column II. Write the letter of the correct specialist in the space provided.

COLUMN I

1. heart attack _____
2. ovarian cysts _____
3. bipolar (manic-depressive) disorder _____
4. breast adenocarcinoma _____
5. iron deficiency anemia _____
6. retinopathy _____
7. cerebrovascular accident; stroke _____
8. renal failure _____
9. inflammatory bowel disease _____
10. cystitis _____

COLUMN II

- A. gastroenterologist
- B. hematologist
- C. nephrologist
- D. cardiologist
- E. oncologist
- F. gynecologist
- G. urologist
- H. ophthalmologist
- I. neurologist
- J. psychiatrist



EXERCISES

The exercises that follow are designed to help you learn the terms presented in the chapter. **Writing terms** over and over again is a good way to study this new language. You will find the answers to these exercises starting on page 24. This makes it easy to **check your work**. As you check each answer, you not only will reinforce your understanding of a term but often will gain additional information from the answer.

Each exercise is designed not as a test, but rather as an opportunity for you to learn the material.

A Complete the following sentences.

1. Word beginnings are called _____.
2. Word endings are called _____.
3. The foundation of a word is known as the _____.
4. A letter linking a suffix and a root, or linking two roots, in a term is the _____.
5. The combination of a root and a combining vowel is known as the _____.

B Give the meanings of the following combining forms.

- | | |
|-------------------|------------------------------|
| 1. cardi/o _____ | 7. carcin/o _____ |
| 2. aden/o _____ | 8. cyst/o _____ |
| 3. bi/o _____ | 9. cyt/o _____ |
| 4. cerebr/o _____ | 10. derm/o or dermat/o _____ |
| 5. cephal/o _____ | 11. encephal/o _____ |
| 6. arthr/o _____ | 12. electr/o _____ |

C Give the meanings of the following suffixes.

- | | |
|----------------|-----------------|
| 1. -oma _____ | 5. -scopy _____ |
| 2. -al _____ | 6. -ic _____ |
| 3. -itis _____ | 7. -gram _____ |
| 4. -logy _____ | 8. -opsy _____ |

D Using slashes, divide the following terms into parts, and give the meaning of the entire term.

1. cerebral _____
2. biopsy _____
3. adenitis _____
4. cephalic _____
5. carcinoma _____
6. cystoscopy _____
7. electrocardiogram _____
8. cardiology _____
9. electroencephalogram _____
10. dermatitis _____
11. arthroscopy _____
12. cytology _____

E Give the meanings of the following combining forms.

- | | |
|-------------------|-------------------|
| 1. erythr/o _____ | 7. nephro/o _____ |
| 2. enter/o _____ | 8. leuk/o _____ |
| 3. gastr/o _____ | 9. iatr/o _____ |
| 4.gnos/o _____ | 10. hepat/o _____ |
| 5. hemat/o _____ | 11. neur/o _____ |
| 6. cis/o _____ | 12. gynec/o _____ |

F Complete the medical term, based on its meaning as provided.

1. white blood cell: _____cyte
2. inflammation of the stomach: gastr_____
3. pertaining to being produced by treatment: _____genic
4. study of kidneys: _____logy
5. red blood cell: _____cyte
6. mass of blood: _____oma
7. process of viewing living tissue (using a microscope): bi_____
8. pain of nerves: neur_____
9. process of visual examination of the eye: _____scopy
10. inflammation of the small intestine: _____itis

- G** Select from the combining forms below to match each English term. Write the correct combining form in the space provided.

onc/o

ophthalm/o

oste/o

path/o

psych/o

radi/o

ren/o

rhin/o

sarc/o

sect/o

thromb/o

ur/o

English Terms

- | | |
|------------------|------------------------|
| 1. kidney _____ | 7. mind _____ |
| 2. disease _____ | 8. urinary tract _____ |
| 3. eye _____ | 9. bone _____ |
| 4. to cut _____ | 10. x-rays _____ |
| 5. nose _____ | 11. clotting _____ |
| 6. flesh _____ | 12. tumor _____ |

- H** Underline the suffix in each term, and then give the meaning of the term.

1. ophthalmoscopy _____
2. ophthalmoscope _____
3. oncology _____
4. osteitis _____
5. psychosis _____
6. thrombocyte _____
7. renal _____
8. nephrectomy _____
9. osteotomy _____
10. resection _____
11. carcinogenic _____
12. sarcoma _____

- I Match the suffix in Column I with its meaning in Column II. Write the correct meaning in the space provided.**

COLUMN I**Suffix**

1. -algia _____
2. -ion _____
3. -emia _____
4. -gram _____
5. -scope _____
6. -osis _____
7. -ectomy _____
8. -genic _____
9. -pathy _____
10. -tomy _____
11. -itis _____
12. -cyte _____

COLUMN II**Meaning**

- condition, usually abnormal
- blood condition
- cell
- disease condition
- process of cutting, incision
- inflammation
- instrument to visually examine
- pain
- pertaining to producing, produced by, or produced in
- process
- record
- excision, removal (resection)

- J Select from the listed terms to complete the following sentences.**

arthralgia
carcinogenic
cystitis
endocrine
exocrine

hematoma
hepatoma (hepatocellular
carcinoma)
enteropathy

iatrogenic
leukemia
leukocytosis
neuralgia

1. When Paul smoked cigarettes, he inhaled a _____ substance with each puff.
2. Sally's sore throat, fever, and chills made her doctor order a white blood cell count. The results, indicating infection, showed a slight increase in normal cells, a condition called _____.
3. Mr. Smith's liver enlarged, giving him abdominal pain. His radiologic tests and biopsy revealed a malignant tumor, or _____.
4. Mrs. Rose complained of pain in her hip joints, knees, and shoulders each morning. She was told that she had painful joints, or _____.
5. Dr. Black was trained to treat disorders of the pancreas, thyroid gland, adrenal glands, and pituitary gland. Thus, he was an expert in the _____ glands.
6. Ms. Walsh told her doctor she had pain when urinating. After tests, the doctor's diagnosis was inflammation of the urinary bladder, or _____.

7. Elizabeth's overhead tennis shot hit David in the thigh, producing a large _____. His skin looked bruised and was tender.
8. Mr. Bell's white blood cell count is 10 times higher than normal. Examination of his blood shows cancerous white blood cells. His diagnosis is _____.
9. Mr. Kay was resuscitated (revived from potential or apparent death) in the emergency department after experiencing a heart attack. Unfortunately, he suffered a broken rib as a result of the physician's chest compressions. This is an example of a/an _____ fracture.
10. After coming back from a trip during which he had eaten unfamiliar foods, Mr. Cameron had a disease of his intestines called _____.

K Give the meanings of the following prefixes.

- | | |
|----------------------|---------------------|
| 1. dia- _____ | 8. endo- _____ |
| 2. pro- _____ | 9. retro- _____ |
| 3. aut-, auto- _____ | 10. trans- _____ |
| 4. a-, an- _____ | 11. peri- _____ |
| 5. hyper- _____ | 12. ex-, exo- _____ |
| 6. hypo- _____ | 13. sub- _____ |
| 7. epi- _____ | 14. re- _____ |

L Underline the prefix in the following terms and give the meaning of the entire term.

1. diagnosis _____
2. prognosis _____
3. subhepatic _____
4. pericardium _____
5. hyperglycemia _____
6. hypodermic _____
7. epigastric _____
8. resection _____
9. hypoglycemia _____
10. anemia _____

M Complete the following terms (describing areas of medicine), based on their meanings as given.

1. study of the urinary tract: _____logy
2. study of women and women's diseases: _____logy
3. study of blood: _____logy
4. study of tumors: _____logy
5. study of the kidneys: _____logy
6. study of nerves: _____logy
7. treatment of children: _____iatrics
8. study of x-rays in diagnostic imaging: _____logy
9. study of the eyes: _____logy
10. study of the stomach and intestines: _____logy
11. study of glands that secrete hormones: _____logy
12. treatment of the mind: _____iatry
13. study of disease: _____logy
14. study of the heart: _____logy

N Give the meaning of the underlined word part and then define the term.

1. cerebrovascular accident _____
2. encephalitis _____
3. cystoscope _____
4. transhepatic _____
5. iatrogenic _____
6. hypogastric _____
7. endocrine glands _____
8. nephrectomy _____
9. exocrine glands _____
10. neuralgia _____

O Select from the terms listed below to complete the sentences on the following page.

anemia
biopsy
diagnosis
leukemia
nephrologist
neuropathy

oncogenic
oncologist
osteoarthritis
pathogenic
prognosis

psychiatrist
psychologist
thrombocyte
thrombosis
urologist

1. Pamela Crick is 72 years old and suffers from a degenerative joint disease that is caused by the wearing away of tissue around her joints. This disease, which literally means “inflammation of bones and joints,” is _____.
2. The _____ sample was removed during surgery and sent to a pathologist to be examined under a microscope for a proper diagnosis.
3. A/An _____ performed surgery to remove Mr. Simon’s cancerous kidney.
4. Ms. Rose has suffered from diabetes with hyperglycemia for many years. This condition can lead to long-term complications, such as the disease of nerves called diabetic _____.
5. A virus or a bacterium produces disease and is therefore a/an _____ organism.
6. Jordan has a disease caused by abnormal hemoglobin in his erythrocytes. The erythrocytes change shape, collapsing to form sickle-shaped cells that can become clots and stop the flow of blood. His condition is called sickle cell _____.
7. Dr. Max Shelby is a physician who treats carcinomas and sarcomas. He is a/an _____.
8. Bill had difficulty stopping the bleeding from a cut on his face while shaving. He knew his medication caused him to have decreased platelets, or a low _____ count, and that probably was the reason his blood was not clotting very well.
9. Dr. Susan Parker told Paul that his condition would improve with treatment in a few weeks. She said his _____ is excellent and he can expect total recovery.
10. After fleeing the World Trade Center on September 11, 2001, Mrs. Jones had many problems with her job, her husband, and her family relationships. She went to see a _____, who prescribed drugs to treat her depression.

P Circle the correct term to complete each sentence.

1. Ms. Brody had a cough and fever. Her doctor instructed her to go to the **(pathology, radiology, hematology)** department for a chest x-ray examination.
2. After she gave birth to her fourth child, Ms. Thompson had problems holding her urine (a condition known as urinary incontinence). She made an appointment with a **(gastroenterologist, pathologist, urologist)** to evaluate her condition.
3. Dr. Monroe told a new mother she had lost much blood during delivery of her child. She had **(anemia, leukocytosis, adenitis)** and needed a blood transfusion immediately.
4. Mr. Preston was having chest pain during his morning walks. He made an appointment to discuss his new symptom with a **(nephrologist, neurologist, cardiologist)**.
5. After my skiing accident, Dr. Curtin suggested **(cystoscopy, biopsy, arthroscopy)** to visually examine my swollen, painful knee.

ANSWERS TO EXERCISES

A

- | | |
|-------------|--------------------|
| 1. prefixes | 4. combining vowel |
| 2. suffixes | 5. combining form |
| 3. root | |

B

- | | | |
|--|----------------------|-----------------|
| 1. heart | 5. head | 9. cell |
| 2. gland | 6. joint | 10. skin |
| 3. life | 7. cancer, cancerous | 11. brain |
| 4. cerebrum, largest part of the brain | 8. urinary bladder | 12. electricity |

C

- | | | |
|--------------------------|----------------------------------|-----------------------|
| 1. tumor, mass, swelling | 4. process of study | 7. record (image) |
| 2. pertaining to | 5. process of visual examination | 8. process of viewing |
| 3. inflammation | 6. pertaining to | |

D

- | | | |
|---|---|--|
| 1. cerebr/al—pertaining to the cerebrum, or largest part of the brain | 5. carcin/oma—tumor that is cancerous (cancerous tumor) | 9. electr/o/encephal/o/gram—record of the electricity in the brain |
| 2. bi/opsy—process of viewing life (removal of living tissue and viewing it under a microscope) | 6. cyst/o/scopy—process of visually examining the urinary bladder | 10. dermat/itis—inflammation of the skin |
| 3. aden/itis—inflammation of a gland | 7. electr/o/cardi/o/gram—record of the electricity in the heart | 11. arthr/o/scopy—process of visual examination of a joint |
| 4. cephal/ic—pertaining to the head | 8. cardi/o/logy—process of study of the heart | 12. cyt/o/logy—process of study of cells |

E

- | | | |
|---|-----------|-------------------------|
| 1. red | 5. blood | 9. treatment, physician |
| 2. intestines (usually small intestine) | 6. to cut | 10. liver |
| 3. stomach | 7. kidney | 11. nerve |
| 4. knowledge | 8. white | 12. woman, female |

F

- | | | |
|---------------|----------------|-------------------|
| 1. leukocyte | 5. erythrocyte | 8. neuralgia |
| 2. gastritis | 6. hematoma | 9. ophthalmoscopy |
| 3. iatrogenic | 7. biopsy | 10. enteritis |
| 4. nephrology | | |

G

- | | | |
|---------------|------------|--------------|
| 1. ren/o | 5. rhin/o | 9. oste/o |
| 2. path/o | 6. sarc/o | 10. radi/o |
| 3. ophthalm/o | 7. psych/o | 11. thromb/o |
| 4. sect/o | 8. ur/o | 12. onc/o |

H

- | | | |
|--|--|---|
| 1. ophthalmoscopy—process of visual examination of the eye | 6. thrombocyte—clotting cell (platelet) | 10. resection—process of cutting back (in the sense of “cutting out” or removal) |
| 2. ophthalmoscope—instrument to visually examine the eye | 7. renal—pertaining to the kidney | 11. carcinogenic—pertaining to producing cancer |
| 3. oncology—study of tumors | 8. nephrectomy—removal (excision or resection) of the kidney | 12. sarcoma—tumor of flesh (cancerous tumor of flesh tissue, such as bone, fat, and muscle) |
| 4. osteitis—inflammation of bone | 9. osteotomy—incision of (process of cutting into) a bone | |
| 5. psychosis—abnormal condition of the mind | | |

I

- | | | |
|-----------------------------------|---|----------------------------------|
| 1. pain | 6. condition, usually abnormal | 9. disease condition |
| 2. process | 7. excision, removal (resection) | 10. process of cutting, incision |
| 3. blood condition | 8. pertaining to producing, produced by, or produced in | 11. inflammation |
| 4. record (image) | | 12. cell |
| 5. instrument to visually examine | | |

J

- | | | |
|--|---------------|-----------------|
| 1. carcinogenic | 4. arthralgia | 8. leukemia |
| 2. leukocytosis | 5. endocrine | 9. iatrogenic |
| 3. hepatoma (hepatocellular carcinoma) | 6. cystitis | 10. enteropathy |
| | 7. hematoma | |

K

- | | | |
|---------------------------------------|---------------------------------------|------------------|
| 1. complete, through | 6. deficient, below, less than normal | 11. surrounding |
| 2. before | 7. above, upon | 12. out |
| 3. self, own | 8. within | 13. below, under |
| 4. no, not, without | 9. behind | 14. back |
| 5. excessive, above, more than normal | 10. across, through | |

L

- | | | |
|--|--|--|
| 1. <u>diagnosis</u> —complete knowledge; a decision about the nature of the patient's condition after the appropriate tests are done | 4. <u>pericardium</u> —the membrane surrounding the heart | 9. <u>hypoglycemia</u> —condition of deficient (low) sugar in the blood |
| 2. <u>prognosis</u> —before knowledge; a prediction about the outcome of treatment, given after the diagnosis | 5. <u>hyperglycemia</u> —condition of excessive sugar in the blood | 10. <u>anemia</u> —condition of low numbers of erythrocytes (red blood cells) or deficient hemoglobin in these cells. Notice that the root in this term is <i>em</i> , which is shortened from <i>hem</i> , meaning blood. |
| 3. <u>subhepatic</u> —pertaining to below the liver. A combining vowel is not needed between the prefix and the root. | 6. <u>hypodermic</u> —pertaining to under the skin | |
| | 7. <u>epigastric</u> —pertaining to above the stomach | |
| | 8. <u>resection</u> —process of cutting back (in the sense of cutting out) | |

M

- | | | |
|---------------|--|----------------------|
| 1. urology | 6. neurology | 10. gastroenterology |
| 2. gynecology | 7. pediatrics (combining vowel o has been dropped between <i>ped</i> and <i>iatr</i>) | 11. endocrinology |
| 3. hematology | 8. radiology | 12. psychiatry |
| 4. oncology | 9. ophthalmology | 13. pathology |
| 5. nephrology | | 14. cardiology |

N

- | | | |
|--|--|--|
| 1. <u>cerebrum</u> (largest part of the brain). A cerebrovascular accident, or stroke, is damage to the blood vessels of the cerebrum, leading to death of brain cells. | 4. <u>across, through</u> . Transhepatic means pertaining to across or through the liver. | 7. <u>within</u> . Endocrine glands secrete hormones within the body. Examples of these are the pituitary, thyroid, and adrenal glands. |
| 2. <u>brain</u> . Encephalitis is inflammation of the brain. | 5. <u>treatment</u> . Iatrogenic means pertaining to an adverse side effect produced by treatment. | 8. <u>excision</u> or <u>resection</u> . Nephrectomy is the removal of a kidney. |
| 3. <u>urinary bladder</u> . A cystoscope is an instrument used to visually examine the urinary bladder. The cystoscope is inserted into the urethra and urinary bladder. | 6. <u>under, below, deficient</u> . Hypogastric means pertaining to below the stomach. | 9. <u>outside</u> . Exocrine glands secrete chemicals to the outside of the body. Examples are the sweat, lacrimal or tear-producing, prostate, and salivary glands. |
| | | 10. <u>pain</u> . Neuralgia is nerve pain. |

O

- | | | |
|--|----------------|--|
| 1. osteoarthritis | 4. neuropathy | 9. prognosis |
| 2. biopsy | 5. pathogenic | 10. psychiatrist (a psychologist can treat mentally ill patients but is not a medical doctor and cannot prescribe medications) |
| 3. urologist (a nephrologist is a medical doctor who treats kidney disorders but does not operate on patients) | 6. anemia | |
| | 7. oncologist | |
| | 8. thrombocyte | |

P

- | | |
|--------------|-----------------|
| 1. radiology | 4. cardiologist |
| 2. urologist | 5. arthroscopy |
| 3. anemia | |

Answers to Practical Applications

- | | | |
|--|---|---|
| 1. D A cardiologist is an internal medicine specialist who takes additional (fellowship) training in the diagnosis and treatment of heart disease. | 5. B A hematologist is an internal medicine specialist who takes fellowship training in the diagnosis and treatment of blood disorders such as anemia and clotting diseases. | 8. C A nephrologist is an internal medicine specialist who takes fellowship training in the diagnosis and medical treatment of kidney disease. A nephrologist does not perform surgery on the urinary tract, but treats kidney disease with drugs. |
| 2. F A gynecologist specializes in surgery and internal medicine to diagnose and treat disorders of the female reproductive system. Ovarian cysts are sacs of fluid that form on and in the ovaries (female organs that produce eggs and hormones). | 6. H An ophthalmologist trains in both surgery and internal medicine in order to diagnose and treat disorders of the eye. The retina is a sensitive layer of light receptor cells in the back of the eye. Retinopathy can occur as a secondary complication of chronic diabetes (from hyperglycemia). | 9. A A gastroenterologist is an internal medicine specialist who takes fellowship training in the diagnosis and treatment of disorders of the gastrointestinal tract. Examples of inflammatory bowel disease are ulcerative colitis (inflammation of the large intestine) and Crohn disease (inflammation of the last part of the small intestine). |
| 3. J A psychiatrist is a specialist in diagnosing and treating mental illness. In bipolar disorder (manic-depressive illness), the mood switches periodically from excessive mania (excitability) to deep depression (sadness, despair, and discouragement). | 7. I A neurologist is an internal medicine specialist who takes fellowship training in the diagnosis and treatment of disorders of nervous tissue (brain, spinal cord, and nerves). A CVA causes damage to areas of the brain, resulting in loss of function. | 10. G A urologist is a surgical specialist who operates on organs of the urinary tract (such as the urinary bladder) and treats the male reproductive system. |
| 4. E An oncologist is an internal medicine specialist who takes fellowship training in the diagnosis and medical (drug) treatment of cancer. | | |



PRONUNCIATION OF TERMS

The markings $\bar{}$ and $\tilde{}$ above the vowels—*a*, *e*, *i*, *o*, and *u*—indicate the proper sounds of the vowels in a term. When $\bar{}$ is above a vowel, its sound is long—that is, exactly like its name. The $\tilde{}$ marking indicates a short vowel sound. The CAPITAL letters indicate the accented syllable.

To test your understanding of the terminology in this chapter, write the meaning of each term in the space provided. In addition, you may wish to cover the terms and write them by looking at your definitions. Make sure your spelling is correct. The page number after each term indicates where it is defined or used in the book, so you can easily check your responses. You will find complete definitions for all of these terms and their audio pronunciations on the Evolve website.

Pronunciation Guide

\bar{a} as in <i>āpe</i>	\check{a} as in <i>äpple</i>
\bar{e} as in <i>ēven</i>	\check{e} as in <i>ěvery</i>
\bar{i} as in <i>īce</i>	\check{i} as in <i>ĩnterest</i>
\bar{o} as in <i>ōpen</i>	\check{o} as in <i>pőt</i>
\bar{u} as in <i>ūnit</i>	\check{u} as in <i>ũnder</i>

Vocabulary and Terminology

TERM	PRONUNCIATION	MEANING
adenitis (7)	ăd-ě-NĪ-tis	_____
adenoma (7)	ăd-ě-NŌ-mă	_____
adenopathy (14)	ăd-ě-NŌP-ă-thē	_____
anemia (14)	ă-NĒ-mē-ă	_____
arthralgia (13)	ăr-THRĂL-jă	_____
arthritis (7)	ăr-THRĪ-tis	_____
autopsy (14)	ĂW-tŏp-sē	_____
biology (7)	bī-ŎL-ŏ-jē	_____
biopsy (7)	BĪ-ŏp-sē	_____
carcinogenic (13)	kăr-sī-nō-JĒN-ik	_____
carcinoma (7)	kăr-sī-NŌ-mă	_____
cardiac (13)	KĂR-dē-ăk	_____
cardiology (7)	kăr-dē-ŎL-ŏ-jē	_____
cephalic (7)	sě-FĂL-ik	_____
cerebral (8)	sě-RĒ-brăl or SĒR-ě-brăl	_____
cystitis (13)	sīs-TĪ-tis	_____
cystoscopy (8)	sīs-TŎS-kŏ-pē	_____
cytology (9)	sī-TŎL-ŏ-jē	_____
dermatitis (9)	děr-mă-TĪ-tis	_____

TERM	PRONUNCIATION	MEANING
dermatology (10)	děr-mă-TÖL-ō-jē	_____
diagnosis (10)	dī-ăg-NŌ-sīs	_____
electrocardiogram (9)	ē-lěk-trō-KĀR-dē-ō-grām	_____
electroencephalogram (9)	ē-lěk-trō-ën-SĚF-ă-lō-grām	_____
endocrine glands (8)	ĚN-dō-krīn glāndz	_____
endocrinologist (15)	ën-dō-krī-NŌL-ō-jīst	_____
endocrinology (13)	ën-dō-krī-NŌL-ō-jē	_____
endoscope (14)	ĚN-dō-skōp	_____
endoscopy (14)	ën-DŌS-kō-pē	_____
enteritis (9)	ën-tě-RĪ-tīs	_____
enteropathy (14)	ën-tě-RŎP-ă-thē	_____
epidermis (15)	ěp-ī-DĚR-mīs	_____
epigastric (15)	ěp-ī-GĀS-trīk	_____
erythrocyte (9)	ě-RĪTH-rō-sīt	_____
excision (8)	ěk-SĪ-zhŭn	_____
exocrine glands (15)	ĚK-sō-krīn glāndz	_____
gastrectomy (9)	gās-TRĚK-tō-mē	_____
gastric (13)	GĀS-trīk	_____
gastroenterology (14)	gās-trō-ën-tēr-ŎL-ō-jē	_____
gastrotomy (9)	gās-TRŎT-ō-mē	_____
gynecologist (26)	gī-ně-KŎL-ō-jīst	_____
gynecology (10)	gī-ně-KŎL-ō-jē	_____
hematology (10)	hē-mă-TÖL-ō-jē	_____
hematoma (10)	hē-mă-TŌ-mă	_____
hemoglobin (10)	HĚ-mō-glō-bīn	_____
hepatitis (10)	hěp-ă-TĪ-tīs	_____
hepatoma (13)	hěp-ă-TŌ-mă	_____
hyperglycemia (10)	hī-pěr-glī-SĚ-mē-ă	_____
hyperthyroidism (15)	hī-pěr-THĪ-rōyd-ism	_____
hypodermic (9)	hī-pō-DĚR-mīk	_____

TERM	PRONUNCIATION	MEANING
hypogastric (15)	hī-pō-GĀS-trīk	_____
hypoglycemia (15)	hī-pō-gli-SĒ-mē-ă	_____
iatrogenic (10)	ī-ăt-rō-JĚN-īk	_____
incision (8)	īn-SĪ-zhūn	_____
leukemia (13)	lū-KĒ-mē-ă	_____
leukocyte (10)	LŪ-kō-sīt	_____
leukocytosis (14)	lū-kō-sī-TŌ-sīs	_____
nephrectomy (13)	ně-FRĚK-tō-mē	_____
nephritis (10)	ně-FRĪ-tīs	_____
nephrology (10)	ně-FRŎL-ō-jē	_____
nephrosis (14)	ně-FRŌ-sīs	_____
neural (13)	NŪ-rāl	_____
neuralgia (13)	nū-RĀL-jă	_____
neurologic (13)	nū-rō-LŎJ-īk	_____
neurology (10)	nū-RŎL-ō-jē	_____
oncologist (11)	ŏn-KŎL-ō-jīst	_____
oncology (11)	ŏn-KŎL-ō-jē	_____
ophthalmologist (13)	ŏf-thāl-MŎL-ō-jīst	_____
ophthalmoscope (11)	ŏf-THĀL-mō-skōp	_____
osteitis (11)	ŏs-tē-Ī-tīs	_____
osteoarthritis (11)	ŏs-tē-ō-ăr-THRĪ-tīs	_____
osteotomy (14)	ŏs-tē-ŎT-ō-mē	_____
pathogenic (13)	păth-ō-JĚN-īk	_____
pathologist (11)	pă-THŎL-ō-jīst	_____
pathology (11)	pă-THŎL-ō-jē	_____
pediatric (11)	pē-dē-ĀT-rīk	_____
pericardium (15)	pēr-ī-KĀR-dē-ŭm	_____
prognosis (10)	prŏg-NŎ-sīs	_____
prostate gland (15)	PRŎS-tăt glănd	_____
psychiatrist (12)	sī-KĪ-ă-trīst	_____

TERM	PRONUNCIATION	MEANING
psychology (12)	sī-KÖL-ō-jē	_____
radiology (12)	rā-dē-ÖL-ō-jē	_____
renal (12)	RĒ-nāl	_____
resection (12)	rē-SĚK-shŭn	_____
retrocardiac (15)	rě-trō-KĀR-dē-ăc	_____
rhinitis (12)	rī-NĪ-tīs	_____
sarcoma (12)	sār-KŌ-mă	_____
subhepatic (15)	sŭb-hě-PĀT-ĭk	_____
thrombocyte (12)	THRŌM-bō-sīt	_____
transhepatic (15)	trānz-hě-PĀT-ĭk	_____
urology (12)	ŭ-RÖL-ō-jē	_____



REVIEW SHEET

This Review Sheet and the others that follow each chapter are complete lists of the word elements contained in the chapter. They are designed to pull together the terminology and to reinforce your learning by giving you the opportunity to write the meanings of each word part in the spaces provided and to **test yourself**. Check your answers with the information in the chapter or in the Glossary (Medical Word Parts—English), at the end of the book. It's a good idea to tab the Glossary so that you can easily locate it.

Combining Forms

COMBINING FORM	MEANING	COMBINING FORM	MEANING
aden/o	_____	hem/o, hemat/o	_____
arthr/o	_____	hepat/o	_____
bi/o	_____	iatr/o	_____
carcin/o	_____	leuk/o	_____
cardi/o	_____	log/o	_____
cephal/o	_____	nephr/o	_____
cerebr/o	_____	neur/o	_____
cis/o	_____	onc/o	_____
crin/o	_____	ophthalm/o	_____
cyst/o	_____	oste/o	_____
cyt/o	_____	path/o	_____
derm/o, dermat/o	_____	ped/o	_____
electr/o	_____	psych/o	_____
encephal/o	_____	radi/o	_____
enter/o	_____	ren/o	_____
erythr/o	_____	rhin/o	_____
gastr/o	_____	sarc/o	_____
glyc/o	_____	sect/o	_____
gnos/o	_____	thromb/o	_____
gynec/o	_____	ur/o	_____

Suffixes

SUFFIX	MEANING	SUFFIX	MEANING
-ac	_____	-itis	_____
-al	_____	-logy	_____
-algia	_____	-oma	_____
-cyte	_____	-opsy	_____
-ectomy	_____	-osis	_____
-emia	_____	-pathy	_____
-genic	_____	-scope	_____
-globin	_____	-scopy	_____
-gram	_____	-sis	_____
-ic, -ical	_____	-tomy	_____
-ion	_____	-y	_____
-ist	_____		

Prefixes

PREFIX	MEANING	PREFIX	MEANING
a-, an-	_____	in-	_____
aut-, auto-	_____	peri-	_____
dia-	_____	pro-	_____
endo-	_____	re-	_____
epi-	_____	retro-	_____
ex-, exo-	_____	sub-	_____
hyper-	_____	trans-	_____
hypo-	_____		

CHAPTER 2

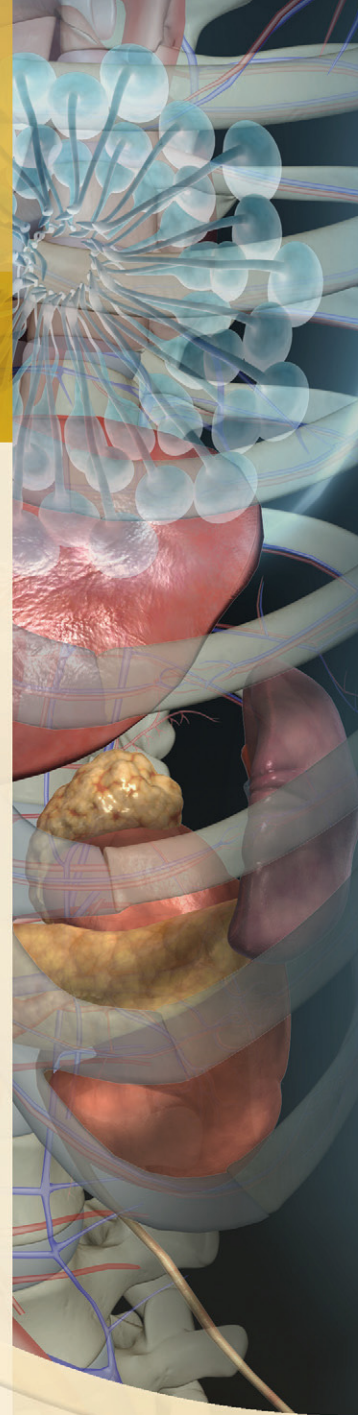
Terms Pertaining to the Body as a Whole

This chapter is divided into the following sections:

Structural Organization of the Body, 34
Abdominopelvic Regions and Quadrants, 46
Divisions of the Back (Spinal Column), 48
Positional and Directional Terms, 50
Planes of the Body, 52
Terminology, 53
Practical Applications, 57
Exercises, 59
Answers to Exercises, 64
Pronunciation of Terms, 66
Review Sheet, 69

CHAPTER GOALS

- Define terms that apply to the structural organization of the body.
- Identify the body cavities and recognize the organs contained within those cavities.
- Locate and identify the anatomic and clinical divisions of the abdomen.
- Locate and name the anatomic divisions of the back.
- Become acquainted with terms that describe positions, directions, and planes of the body.
- Identify the meanings for new word elements and use them to understand medical terms.



STRUCTURAL ORGANIZATION OF THE BODY

This chapter provides you with an orientation to the body as a whole—cells, tissues, organs, systems, and terminology describing positions and directions within the body. We begin with the smallest living unit, the **cell**, and build to an understanding of complex body systems. In order to know how organs function in both health and disease, it is important to appreciate the workings of their individual cellular units.

CELLS

The cell is the fundamental unit of all living things (animal or plant). Cells are everywhere in the human body—every tissue, every organ is made up of these individual units.

Similarity in Cells. All cells are similar in that they contain a gelatinous substance composed of water, protein, sugar, acids, fats, and various minerals. Several parts of a cell, described next, are pictured in Figure 2-1 as they might look when photographed with an electron microscope. Label the structures on Figure 2-1. Throughout the book, numbers or letters in brackets indicate that the boldface term preceding it is to be used in labeling.

The **cell membrane** [1] not only surrounds and protects the cell but also regulates what passes into and out of the cell.

The **nucleus** [2] controls the operations of the cell. It directs cell division and determines the structure and function of the cell.

Chromosomes [3] are rod-like structures within the nucleus. All human body cells—except for the sex cells, the egg and the sperm (short for spermatozoon)—contain 23 pairs of chromosomes. Each sperm and each egg cell have only 23 unpaired chromosomes. After

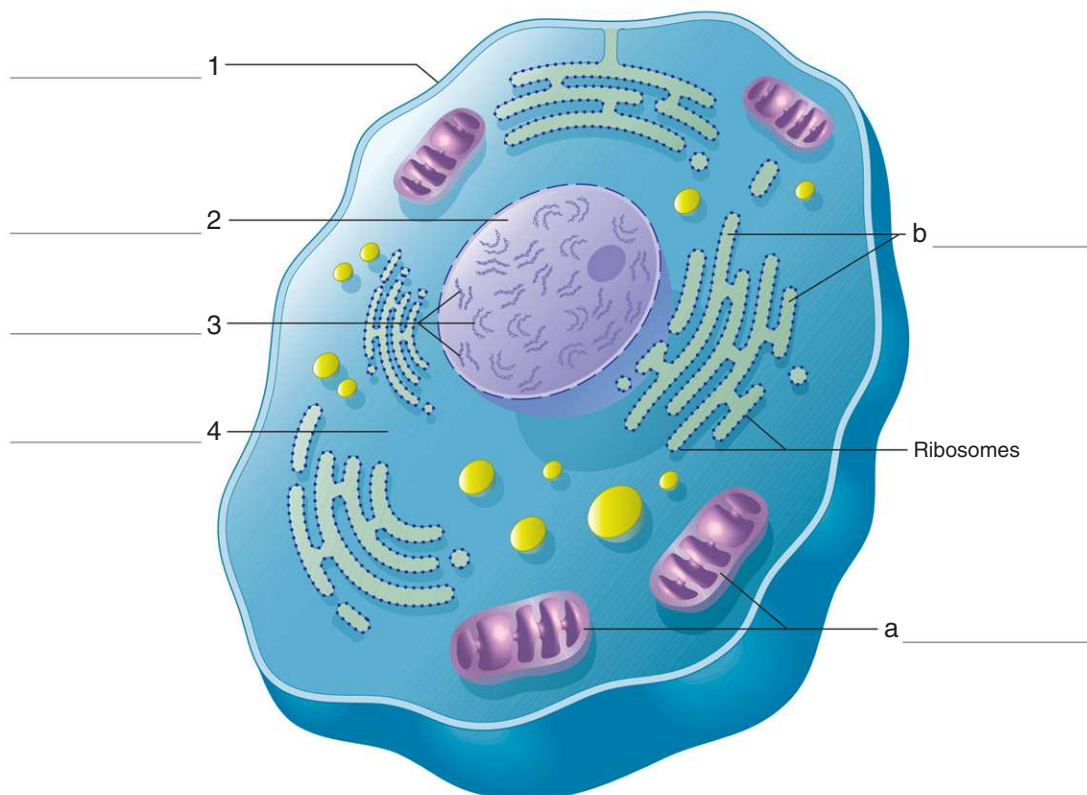


FIGURE 2-1 Major parts of a cell. **Ribosomes** (RĪ-bō-sōmz) are small granules that help the cell make proteins.

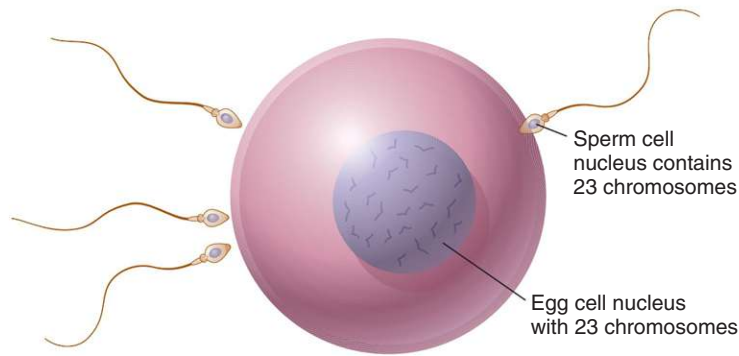


FIGURE 2-2 Egg and sperm cells, each containing 23 chromosomes.

an egg and a sperm cell unite to form the embryo, each cell of the embryo then has 46 chromosomes (23 pairs) (Figure 2-2).

Chromosomes contain regions called **genes**. There are several thousand genes, in an orderly sequence, on every chromosome. Each gene contains a chemical called **DNA** (deoxyribonucleic acid). DNA regulates the activities of the cell according to its sequence (arrangement into genes) on each chromosome. The DNA sequence resembles a series of recipes in code. This code, when passed out of the nucleus to the rest of the cell, directs the activities of the cell, such as cell division and synthesis of proteins.

A **karyotype** is a photograph of an individual's chromosomes, arranged by size, shape, and number (Figure 2-3). Karyotyping can determine whether chromosomes are normal. For example, an obstetrician may recommend amniocentesis (puncture of the sac around the

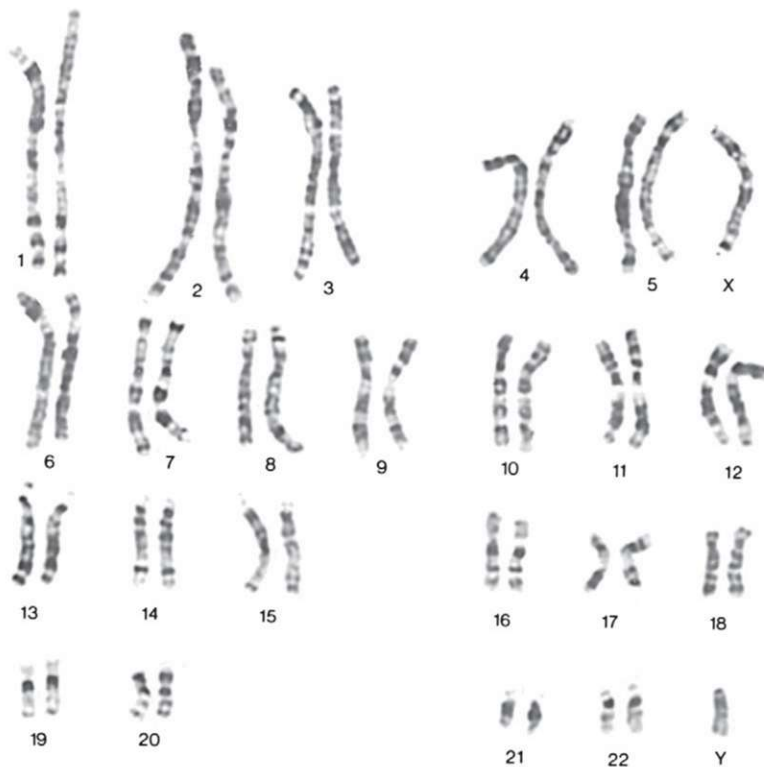


FIGURE 2-3 Karyotype of a normal male. Twenty-three pairs of chromosomes are shown. The 23rd pair is the XY pair present in normal males. In normal females, the 23rd pair is XX. For this karyotype, the chromosomes were treated with chemicals so that bands of light and dark areas are seen.

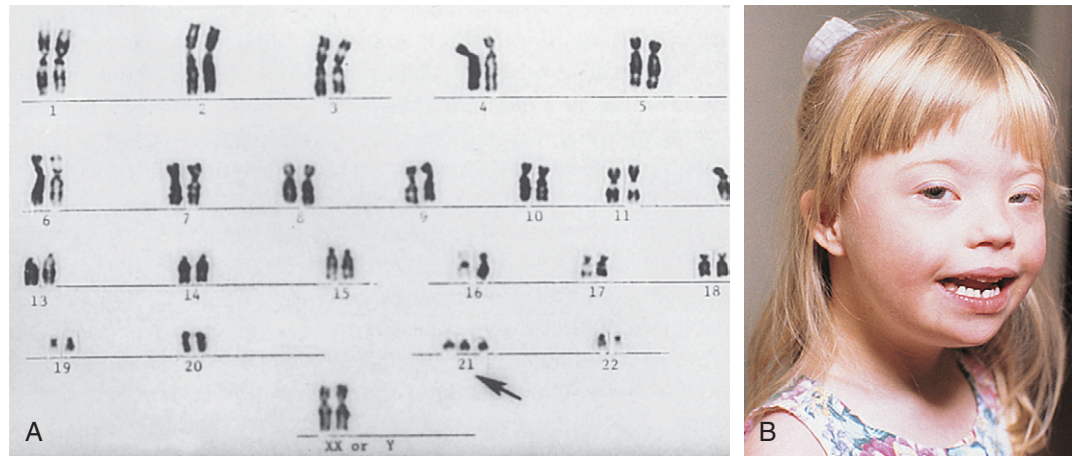


FIGURE 2-4 **A**, Karyotype of a Down syndrome female patient showing trisomy 21. There is an extra copy of chromosome 21, in addition to the usual pair, for a total of three (tri-). **B**, Photograph of a child with the typical facial appearance in Down syndrome. Features include a small, somewhat flat nose and upward slant of the eyes. Other characteristics of Down syndrome patients are mental deficiency and heart defects.

fetus for removal of fluid and cells) for a pregnant woman so that the karyotype of the baby can be examined.

If a baby is born with a chromosomal abnormality, serious problems can result. In Down syndrome, the karyotype shows 47 chromosomes instead of the normal number, 46 (Figure 2-4). The extra chromosome 21 results in the development of a child with Down syndrome (also called trisomy 21 syndrome). Its incidence is about 1 in every 750 live births, but as the mother's age increases, the presence of the chromosomal abnormality increases.

Continue labeling Figure 2-1.

The **cytoplasm** [4] (cyt/o = cell, -plasm = formation) includes all of the material outside the nucleus and enclosed by the cell membrane. It carries on the work of the cell (e.g., in a muscle cell, it does the contracting; in a nerve cell, it transmits impulses). The cytoplasm contains specialized apparatus to supply the chemical needs of the cell.

Mitochondria [a] are small sausage-shaped bodies that provide the principal source of energy for the cell. They use nutrients and oxygen to release energy that is stored in food. During the chemical process called **catabolism**, complex foods such as sugar and fat are broken down into simpler substances and energy is released by the mitochondria. Thus, catabolism provides the energy for cells to do the work of the body.

The **endoplasmic reticulum** [b] is a network (reticulum) of canals within the cell. These canals are cellular tunnel systems that manufacture proteins for the cell. Attached to the endoplasmic reticulum are **ribosomes**, which build long chains of proteins. **Anabolism**, occurring on the endoplasmic reticulum, is the process of building large proteins from small protein pieces called amino acids. Examples of important proteins for cell growth are hormones and enzymes.

Together, these two processes—**anabolism** and **catabolism**—make up the cell's **metabolism**. Metabolism, then, is the total of the chemical processes occurring in a cell. If a person has a "fast metabolism," foods such as sugar and fat are used up very quickly, and energy is released. If a person has a "slow metabolism," foods are burned slowly, and fat accumulates in cells.



STUDY SECTION I

Practice spelling each term, and know its meaning.

anabolism	Process of building up large proteins from small protein pieces called amino acids. Ana- means up, bol means to cast, and -ism is a process.
catabolism	Process whereby complex nutrients are broken down to simpler substances and energy is released. Cata- means down, bol means to cast, and -ism is a process.
cell membrane	Structure surrounding and protecting the cell. It determines what enters and leaves the cell.
chromosomes	Rod-shaped structures in the nucleus that contain regions of DNA called genes. There are 46 chromosomes (23 pairs) in every cell except for the egg and sperm cells, which contain only 23 individual, unpaired chromosomes.
cytoplasm	All the material that is outside the nucleus and yet contained within the cell membrane.
DNA	Chemical found within each chromosome. Arranged like a sequence of recipes in code, it directs the activities of the cell.
endoplasmic reticulum	Network of canals within the cytoplasm of the cell. Here, large proteins are made from smaller protein pieces.
genes	Regions of DNA within each chromosome.
karyotype	Picture of chromosomes in the nucleus of a cell. The chromosomes are arranged in numerical order to determine their number and structure.
metabolism	Total of the chemical processes in a cell. It includes catabolism and anabolism. Meta- means change, bol means to cast, and -ism means a process.
mitochondria	Structures in the cytoplasm that provide the principal source of energy (miniature “power plants”) for the cell. Catabolism is the process that occurs in mitochondria. (From the Greek <i>mitos</i> meaning thread, and <i>chondrion</i> meaning granule.)
nucleus	Control center of the cell. It contains chromosomes and directs the activities of the cell.

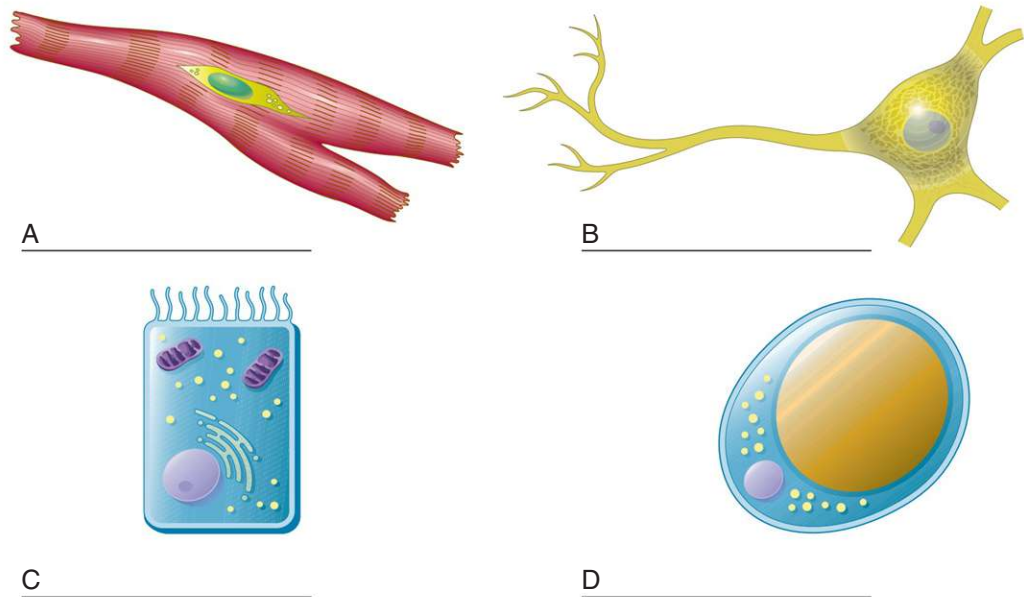


FIGURE 2-5 Types of cells. **A**, muscle cell; **B**, nerve cell; **C**, epithelial cell; and **D**, fat cell.

Differences in Cells. While we have just seen how cells contain similar structures, as they develop in the embryo, cells change to form many different types. Cells are different, or specialized, throughout the body to carry out their individual functions. For example, a **muscle cell** is long and slender and contains fibers that aid in contracting and relaxing; an **epithelial cell** (a lining and skin cell) may be square and flat to provide protection; a **nerve cell** may be long and have various fibrous extensions that aid in its job of carrying impulses; a **fat cell** contains large, empty spaces for fat storage. These are only a few of the many types of cells in the body. Figure 2-5 illustrates the different sizes and shapes of muscle, nerve, fat, and epithelial cells.

TISSUES

A tissue is a group of similar cells working together to do a specific job. A **histologist** (hist/o = tissue) is a scientist who specializes in the study of tissues. Several different types of tissue are recognized. Tissues of the same type may be located in various regions of the body. Figure 2-6 illustrates four types of tissues.

Epithelial Tissue. Epithelial tissue, located all over the body, forms the linings of internal organs, and the outer surface of the skin covering the body. It also lines exocrine and endocrine glands. The term **epithelial** originally referred to the tissue on (epi-) the breast nipple (thel/o). Now it describes all tissue that covers the outside of the body and lines the inner surface of internal organs.

Muscle Tissue. Voluntary muscle is found in arms and legs and parts of the body where movement is under conscious control. Involuntary muscle, found in the heart and digestive system, as well as other organs, allows movement that is not under conscious control. Cardiac muscle is a specialized type of muscle found only in the heart. Contractions of this muscle type can be seen as a beating heart in an ultrasound scan of a 6-week-old fetus.

Connective Tissue. Examples are **adipose** (fat) tissue, **cartilage** (elastic, fibrous tissue attached to bones), bone, and blood.

Nerve Tissue. Nerve tissue conducts impulses all over the body.

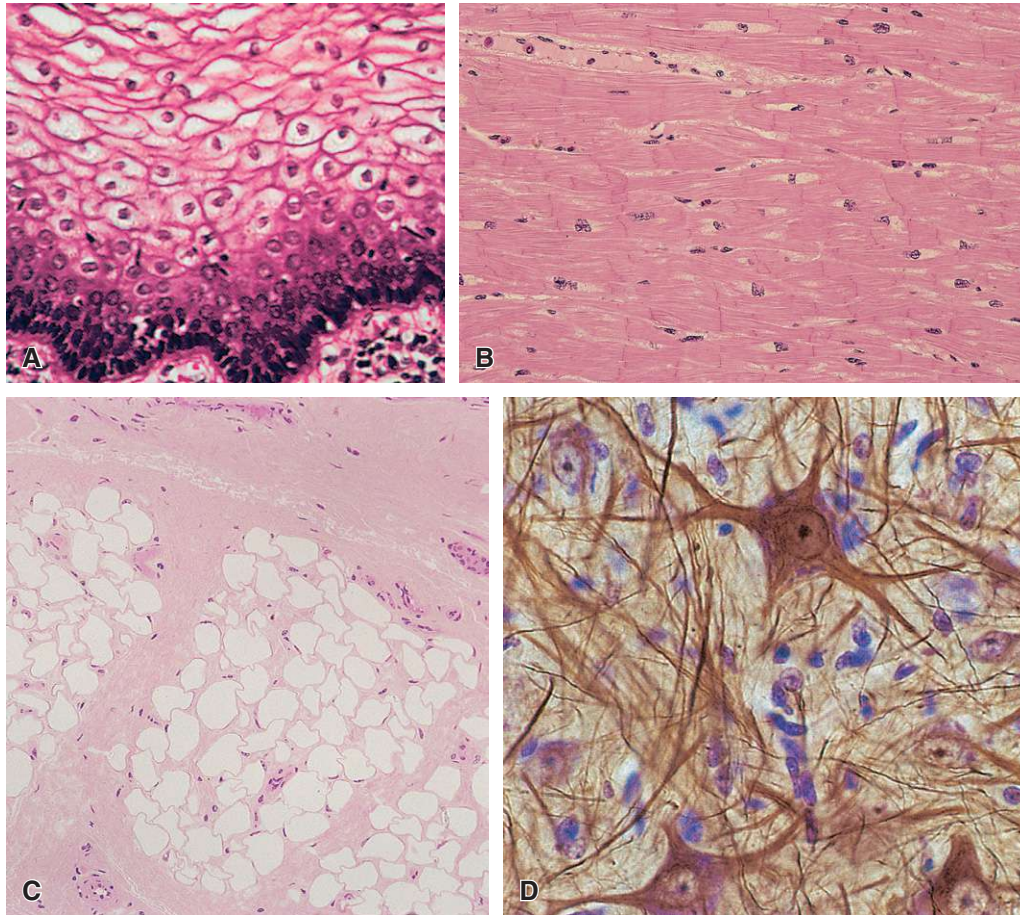


FIGURE 2-6 Types of tissues. A, Epithelial. B, Muscle. C, Fat. D, Nerve.

ORGANS

Different types of tissue combine to form an organ. For example, an organ such as the stomach is composed of muscle tissue, nerve tissue, and glandular epithelial tissue. The medical term for internal organs is **viscera** (singular: **viscus**). Examples of abdominal viscera (organs located in the abdomen) are the liver, stomach, intestines, pancreas, spleen, and gallbladder.

SYSTEMS

Systems are groups of organs working together to perform complex functions. For example, the mouth, esophagus, stomach, and small and large intestines are organs that do the work of the digestive system to digest food and absorb it into the bloodstream.

The body systems with their individual organs are listed next. Learn to spell and identify the organs in **boldface**.

SYSTEM	ORGANS
Digestive	Mouth, pharynx (throat), esophagus, stomach, intestines (small and large), liver, gallbladder, pancreas.
Urinary or excretory	Kidneys, ureters (tubes from the kidneys to the urinary bladder), urinary bladder, urethra (tube from the bladder to the outside of the body).

SYSTEM	ORGANS
Respiratory	Nose, pharynx, larynx ("voice box"), trachea ("windpipe"), bronchial tubes, lungs (where the exchange of gases takes place).
Reproductive	<i>Female:</i> Ovaries, fallopian tubes, uterus (womb), vagina, mammary glands. <i>Male:</i> Testes and associated tubes, urethra, penis, prostate gland.
Endocrine	Thyroid gland (in the neck), pituitary gland (at the base of the brain), sex glands (ovaries and testes), adrenal glands, pancreas (islets of Langerhans), parathyroid glands.
Nervous	Brain, spinal cord, nerves, and collections of nerves.
Circulatory	Heart, blood vessels (arteries, veins, and capillaries), lymphatic vessels and nodes, spleen, thymus gland.
Musculoskeletal	Muscles, bones, and joints.
Skin and sense organs	Skin, hair, nails, sweat glands, and sebaceous (oil) glands; eye, ear, nose, and tongue.



STUDY SECTION 2

Practice spelling each term, and know its meaning.

adipose tissue	Collection of fat cells.
cartilage	Flexible connective tissue attached to bones at joints. For example, it surrounds the trachea and forms part of the external ear and nose.
epithelial cells	Skin cells that cover the outside of the body and line the internal surfaces of organs.
histologist	Specialist in the study of tissues.
larynx	"Voice box"; located at the upper part of the trachea.
pharynx	Throat. The pharynx serves as the common passageway for food (from the mouth going to the esophagus) and air (from the nose to the trachea).
pituitary gland	Endocrine gland at the base of the brain.
thyroid gland	Endocrine gland that surrounds the trachea in the neck.
trachea	"Windpipe" (tube leading from the throat to the bronchial tubes).
ureter	One of two tubes, each leading from a single kidney to the urinary bladder. <i>Spelling clue:</i> Ureter has two e's, and there are two ureters.
urethra	Tube from the urinary bladder to the outside of the body. <i>Spelling clue:</i> Urethra has one e, and there is only one urethra.
uterus	The womb. The organ that holds the embryo/fetus as it develops.
viscera	Internal organs.

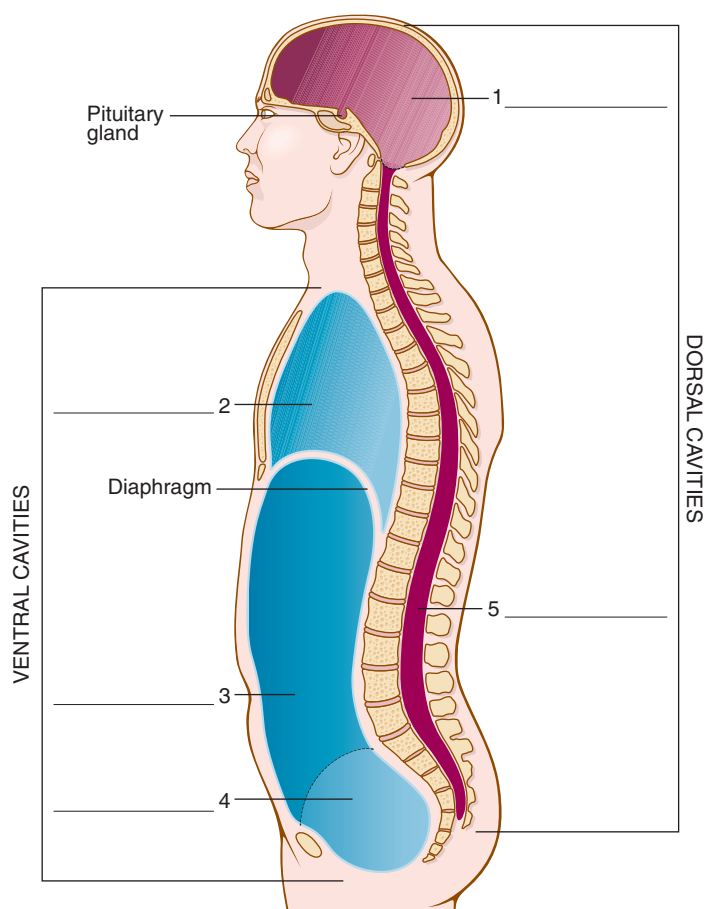


FIGURE 2-7 Body cavities. Ventral (anterior) cavities are in the front of the body (blue). Dorsal (posterior) cavities are in the back (red).

BODY CAVITIES

A body cavity is a space within the body that contains internal organs (viscera). Label Figure 2-7 as you learn the names of the body cavities. Some of the important viscera contained within those cavities are listed as well.

CAVITY	ORGANS
Cranial [1]	Brain, pituitary gland.
Thoracic [2]	Lungs, heart, esophagus, trachea, bronchial tubes, thymus gland, aorta (large artery).
	The thoracic cavity is divided into two smaller cavities (Figure 2-8):
	a. Pleural cavity —space between the folds of the pleura surrounding each lung. The pleura is a double-folded membrane that surrounds the lungs and protects them. If the pleura is inflamed (as in pleuritis, also called pleurisy), the pleural cavity may fill with fluid.
	b. Mediastinum —centrally located space outside of and between the lungs. It contains the heart, aorta, trachea, esophagus, thymus gland, bronchial tubes, and many lymph nodes.

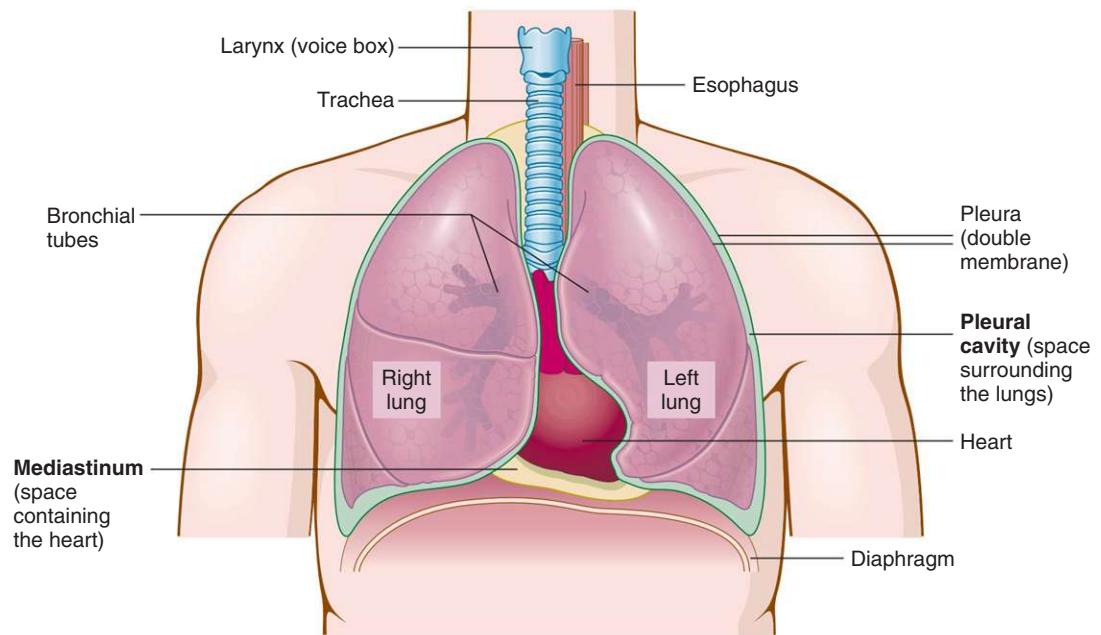


FIGURE 2-8 Divisions of the thoracic cavity.

CAVITY	ORGANS
Continue labeling Figure 2-7.	
Abdominal [3]	The peritoneum is the double-folded membrane surrounding the abdominal cavity (Figure 2-9). The kidneys are two bean-shaped organs situated behind (retroperitoneal area) the abdominal cavity on either side of the backbone (see Figures 2-9 and 2-11). Also contains the stomach, small and large intestines, spleen, pancreas, liver, and gallbladder. The diaphragm (a muscular wall) divides the abdominal and thoracic cavities (see Figure 2-7).
Pelvic [4]	Portions of the small and large intestines, rectum, urinary bladder, urethra, and ureters; uterus and vagina in the female.
Spinal [5]	Nerves of the spinal cord.

The cranial and spinal cavities are the **dorsal** body cavities because of their location on the back (posterior) portion of the body. The thoracic, abdominal, and pelvic cavities are **ventral** body cavities because they are on the front (anterior) portion of the body (see Figure 2-7).

While the thoracic and abdominal cavities are separated by a muscular wall called the **diaphragm**, the abdominal and pelvic cavities are not separated and are referred to together as the **abdominopelvic cavity**. Figures 2-10 and 2-11 show the abdominal and thoracic viscera from anterior (ventral) and posterior (dorsal) views.

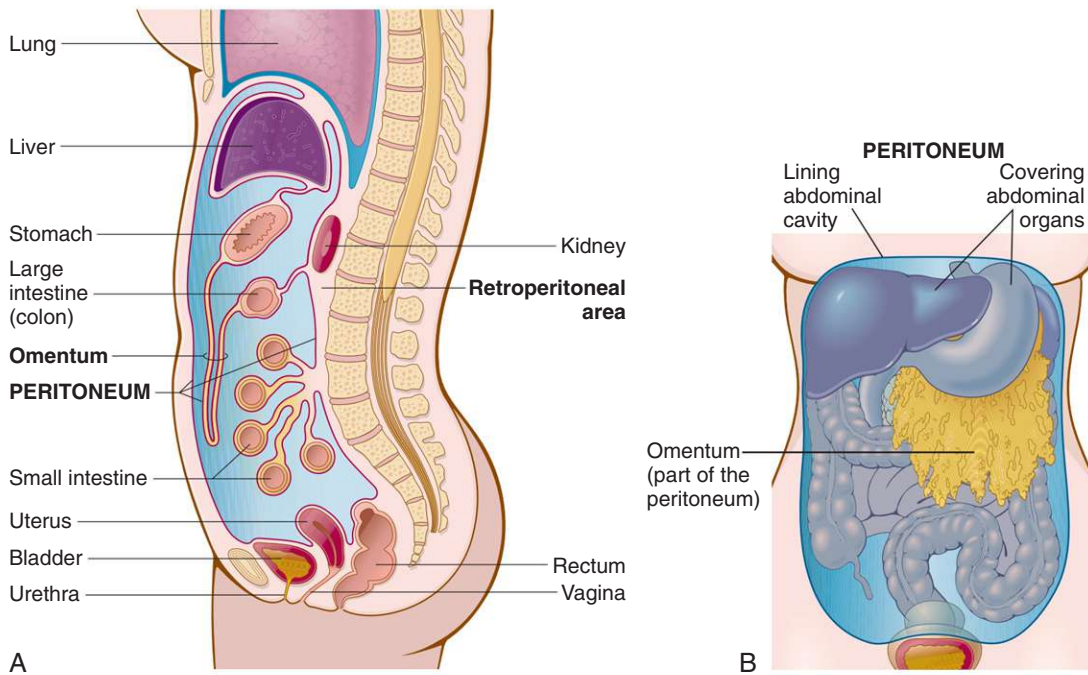


FIGURE 2-9 **A**, Abdominal cavity (side view and in light blue). Notice the **peritoneum** (outlined in red), which is a membrane surrounding the organs in the abdominal cavity. The **retroperitoneal area** is behind the peritoneum. The **omentum** is a part of the peritoneum in the front of the abdomen. It contains fat and hangs down loosely like an apron over the intestines to keep them warm. **B**, Frontal view of the peritoneum.

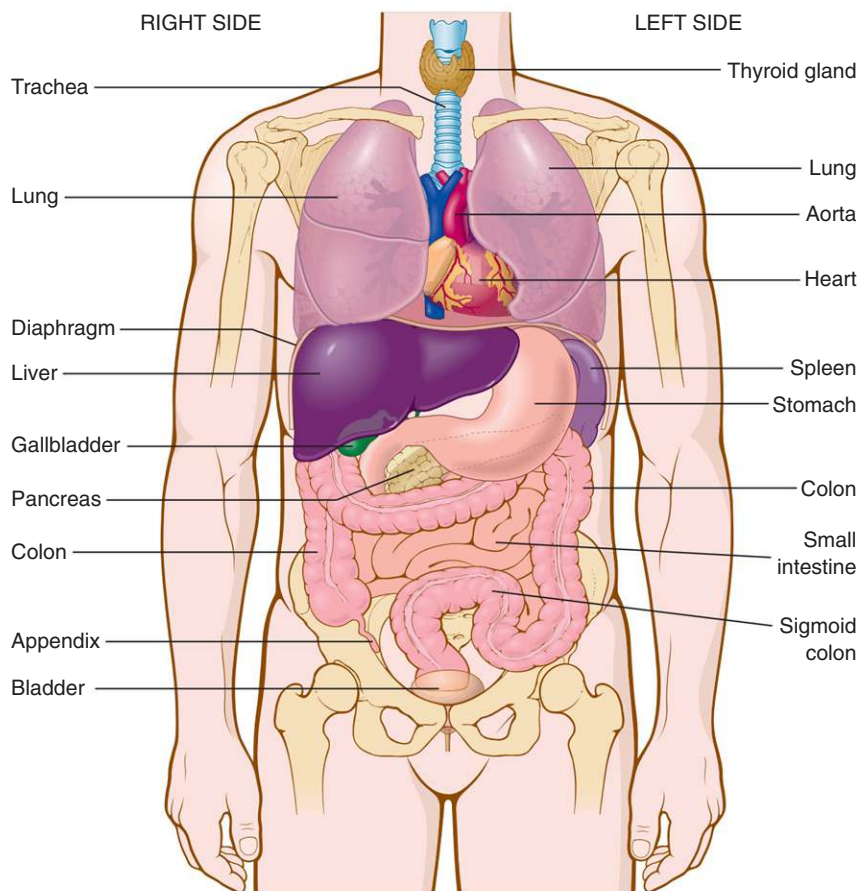


FIGURE 2-10 Organs of the abdominopelvic and thoracic cavities, anterior view.

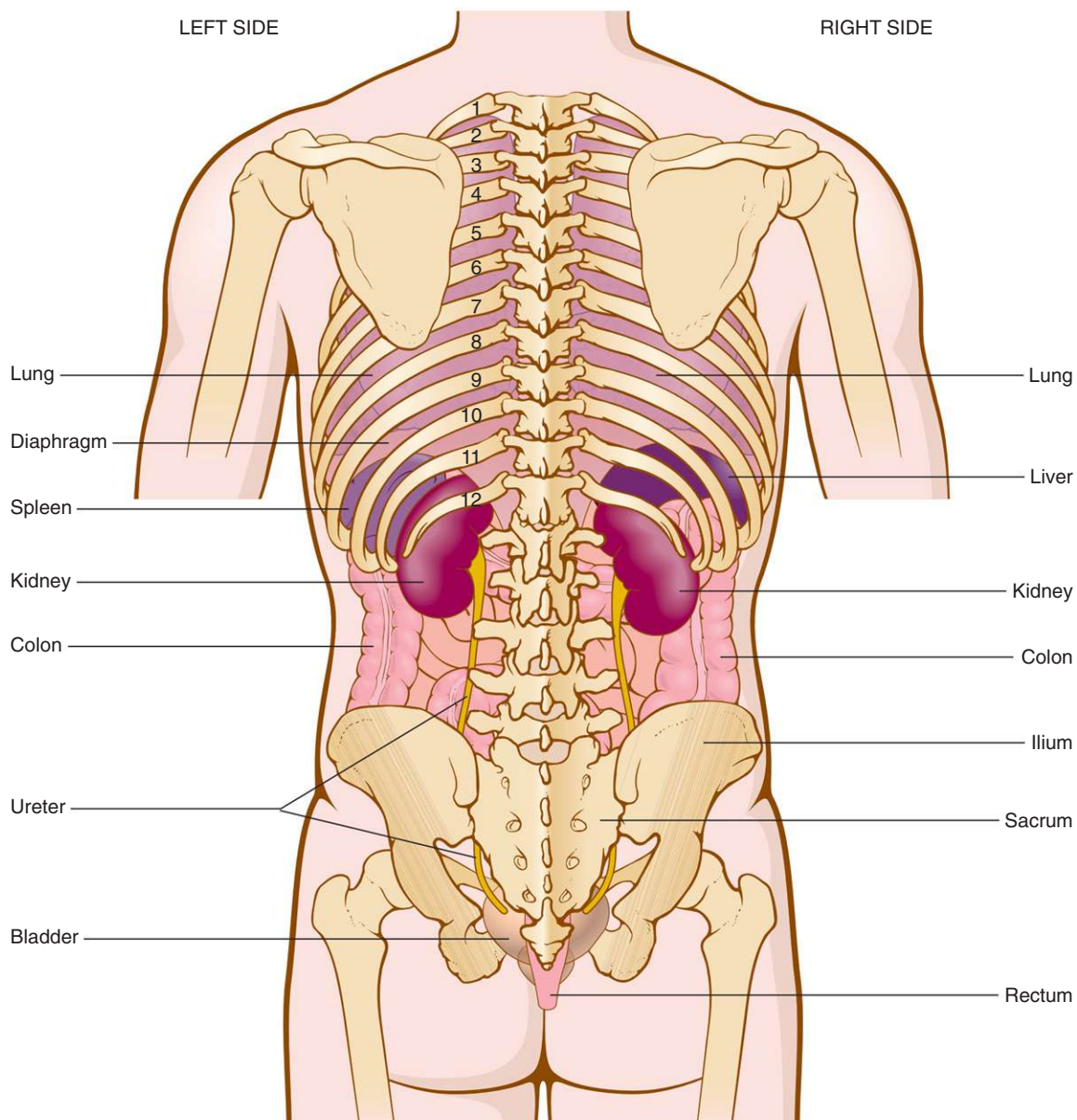




FIGURE 2-11 Organs of the abdominopelvic and thoracic cavities, posterior view.



STUDY SECTION 3

Practice spelling each term, and know its meaning.

abdominal cavity	Space below the chest containing organs such as the liver, stomach, gallbladder, and intestines; also called the abdomen .
cranial cavity	Space in the head containing the brain and surrounded by the skull. Cranial means pertaining to the skull .
diaphragm	Muscle separating the abdominal and thoracic cavities. The diaphragm moves up and down and aids in breathing.
dorsal (posterior)	Pertaining to the back.
mediastinum	Centrally located space outside of and between the lungs.
pelvic cavity	Space below the abdomen containing portions of the intestines, rectum, urinary bladder, and reproductive organs. Pelvic means pertaining to the pelvis , composed of the hip bones surrounding the pelvic cavity.
peritoneum 	Double-folded membrane surrounding the abdominal cavity.
pleura	Double-folded membrane surrounding each lung.  Pleural means pertaining to the pleura.
pleural cavity	Space between the pleural layers.
spinal cavity	Space within the spinal column (backbones) containing the spinal cord. Also called the spinal canal .
thoracic cavity	Space in the chest containing the heart, lungs, bronchial tubes, trachea, esophagus, and other organs.
ventral (anterior)	Pertaining to the front.



Peritoneum and Other Membranes

Many vital organs are covered and protected by membranes. The **peritoneum** surrounds abdominal viscera (liver, small and large intestines, stomach), the **pleura** covers the lungs, the **periosteum** protects bones, and the **meninges** are membranes surrounding the brain and spinal cord.



Pleural/Plural

Don't confuse **pleural**, which refers to the **membranes surrounding the lungs**, with **plural**, which means **more than one**!

ABDOMINOPELVIC REGIONS AND QUADRANTS

REGIONS

Doctors divide the abdominopelvic area into nine regions. Label these regions in Figure 2-12.

Right hypochondriac region [1]: right upper region below (hypo-) the cartilage (chondr/o) of the ribs that extend over the abdomen.

Left hypochondriac region [2]: left upper region below the rib cartilage.

Epigastric region [3]: region above the stomach.

Right lumbar region [4]: right middle region near the waist.

Left lumbar region [5]: left middle region near the waist.

Umbilical region [6]: region of the navel or umbilicus.

Right inguinal region [7]: right lower region near the groin (inguin/o = groin), which is the area where the legs join the trunk of the body. This region also is known as the **right iliac region** because it lies near the ilium (the upper portion of the hip bone).

Left inguinal region [8]: left lower region near the groin. Also called the **left iliac region**.

Hypogastric region [9]: middle lower region below the umbilical region.

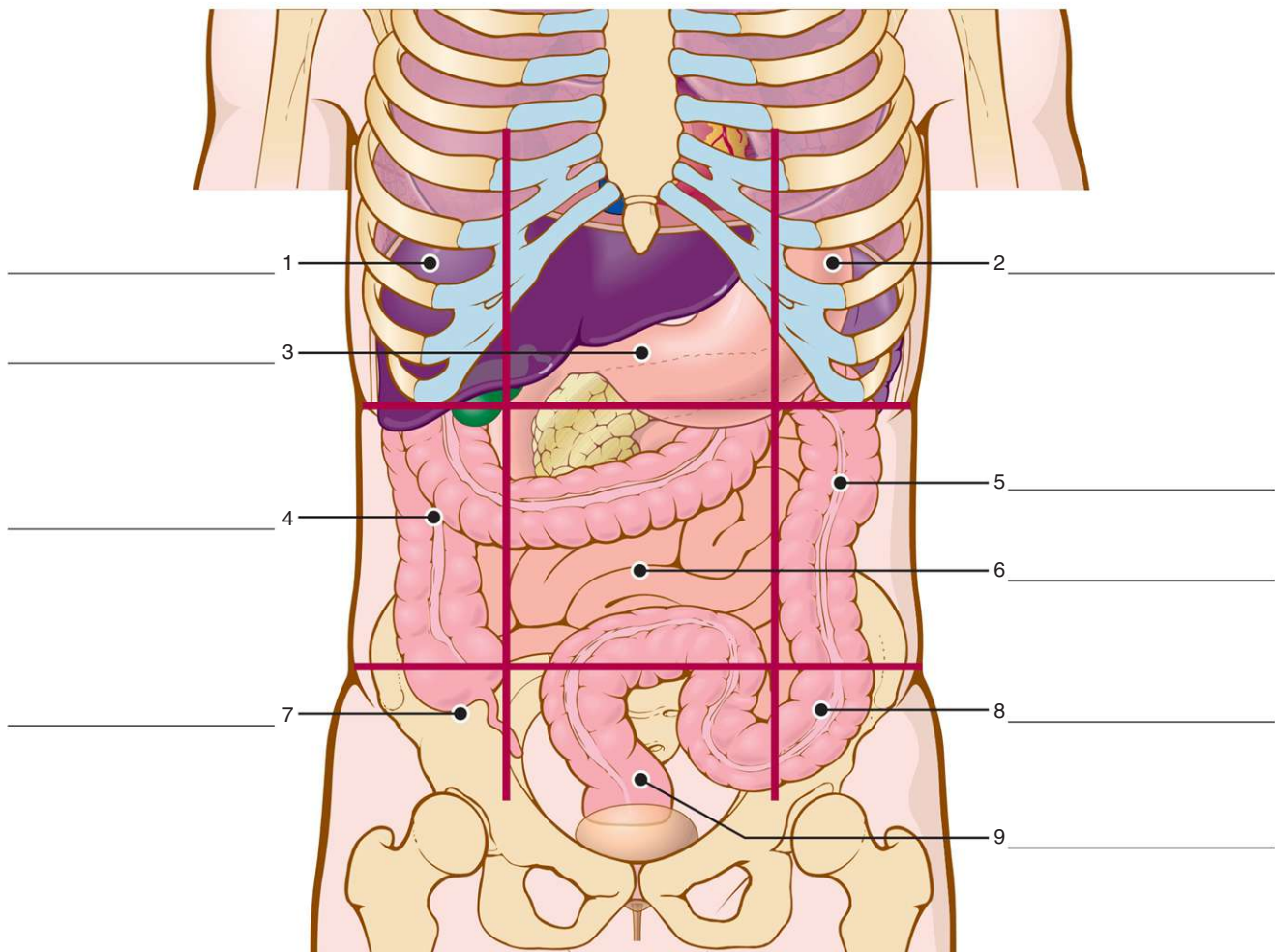


FIGURE 2-12 Abdominopelvic regions. These regions can be used clinically to locate internal organs.

QUADRANTS

The abdominopelvic area can be divided into four quadrants by two imaginary lines—one horizontal and one vertical—that cross at the midsection of the body. Figure 2-13 shows the four abdominopelvic quadrants; add the proper abbreviation on the line under each label on the diagram.

Right upper quadrant (RUQ)—contains the liver (right lobe), gallbladder, part of the pancreas, parts of the small and large intestines

Left upper quadrant (LUQ)—contains the liver (left lobe), stomach, spleen, part of the pancreas, parts of the small and large intestines

Right lower quadrant (RLQ)—contains parts of the small and large intestines, right ovary, right fallopian tube, appendix, right ureter

Left lower quadrant (LLQ)—contains parts of the small and large intestines, left ovary, left fallopian tube, left ureter

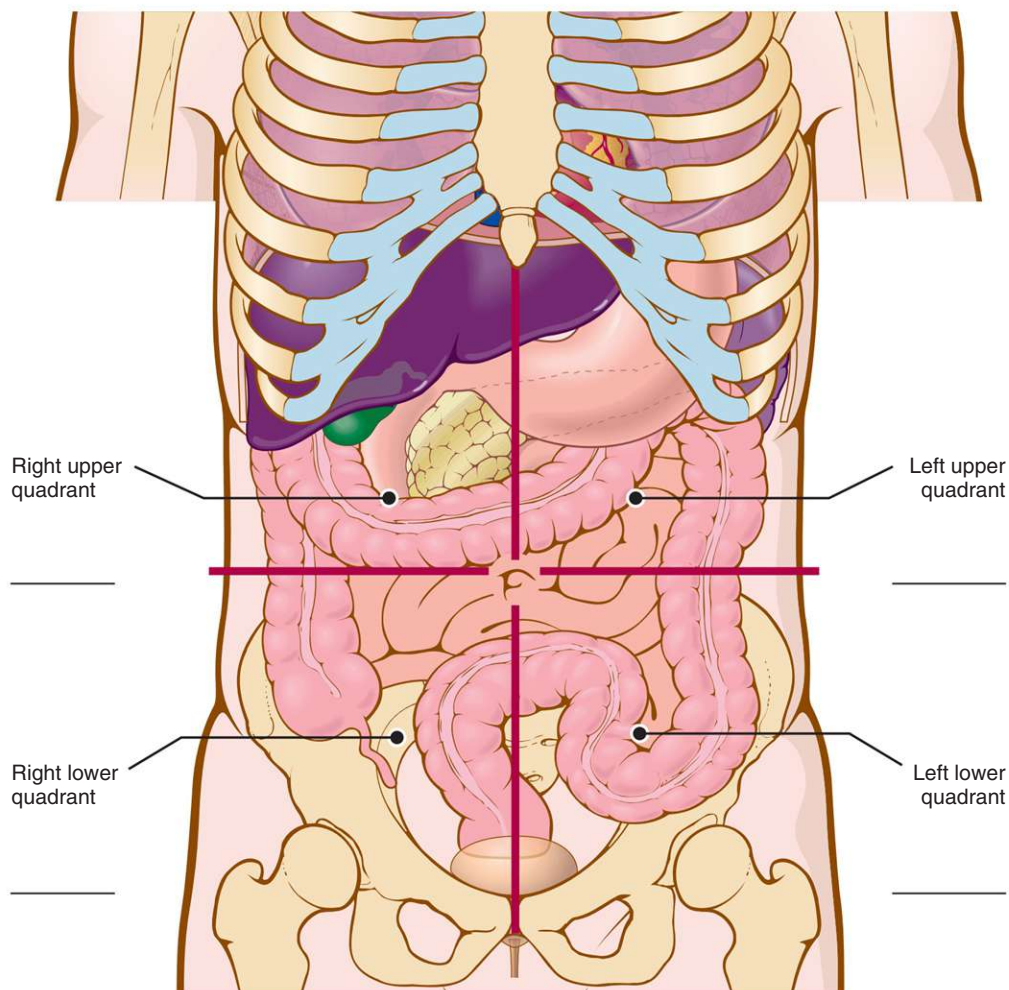


FIGURE 2-13 Abdominopelvic quadrants. Write the abbreviation for each quadrant on the line provided.

DIVISIONS OF THE BACK (SPINAL COLUMN)

The spinal column is composed of a series of bones that extend from the neck to the tailbone. Each bone is a **vertebra** (plural: **vertebrae**).

Label the divisions of the back on Figure 2-14A as you study the following:

DIVISION OF THE BACK	ABBREVIATION	LOCATION
Cervical [1]	C	Neck region. There are seven cervical vertebrae (C1 to C7).
Thoracic [2]	T	Chest region. There are 12 thoracic vertebrae (T1 to T12). Each bone is joined to a rib.
Lumbar [3]	L	Loin (waist) or flank region (between the ribs and the hipbone). There are five lumbar vertebrae (L1 to L5).
Sacral [4]	S	Five bones (S1 to S5) are fused to form one bone, the sacrum .
Coccygeal [5]		The coccyx (tailbone) is a small bone composed of four fused pieces.

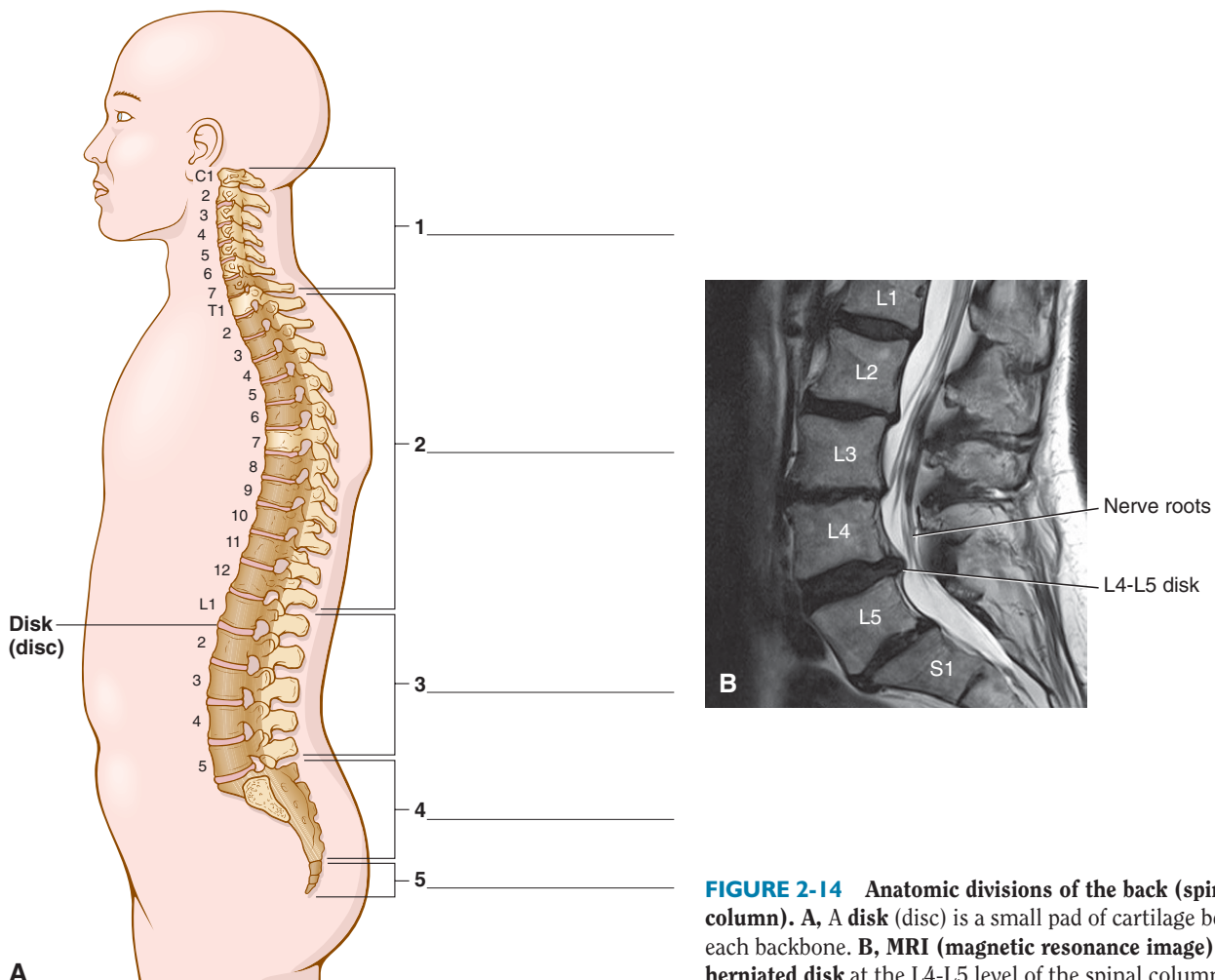


FIGURE 2-14 Anatomic divisions of the back (spinal column). **A**, A **disk** (disc) is a small pad of cartilage between each backbone. **B**, **MRI** (magnetic resonance image) of a **herniated disk** at the L4-L5 level of the spinal column.

Do not confuse the **spinal column** (back bones or vertebrae) with the **spinal cord** (nerves surrounded by the column). The column is bone tissue, whereas the cord is nervous tissue.

The spaces between the vertebrae (intervertebral spaces) are identified according to the two vertebrae between which they occur—for example, the L5–S1 space is between the fifth lumbar vertebra and the first sacral vertebra; T2–3 is between the second and third thoracic vertebrae. Within the space and between vertebrae is a small pad called a **disk**, or **disc**. The disk, composed of water and cartilage, is a shock absorber. Occasionally, a disk may move out of place (herniate) and put pressure on a nerve (see Figure 2-14B). This “**slipped disk**” can cause pain in an area of the body affected by the nerve.



STUDY SECTION 4

Practice spelling each term, and know its meaning.

ABDOMINOPELVIC REGIONS

hypochondriac	Right and left upper regions beneath the ribs.
epigastric	Middle upper region above the stomach.
lumbar	Right and left middle regions near the waist.
umbilical	Central region near the navel.
inguinal	Right and left lower regions near the groin. Also called iliac regions .
hypogastric	Middle lower region below the umbilical region.

ABDOMINOPELVIC QUADRANTS

RUQ	Right upper quadrant.
LUQ	Left upper quadrant.
RLQ	Right lower quadrant.
LLQ	Left lower quadrant.

DIVISIONS OF THE BACK

cervical	Neck region (C1 to C7).
thoracic	Chest region (T1 to T12).
lumbar	Loin (waist) region (L1 to L5).
sacral	Region of the sacrum (S1 to S5).
coccygeal	Region of the coccyx (tailbone).

RELATED TERMS

vertebra	Single backbone.
vertebrae	Backbones.
spinal column	Bone tissue surrounding the spinal cavity.
spinal cord	Nervous tissue within the spinal cavity.
disk (disc)	Pad of cartilage between vertebrae.

POSITIONAL AND DIRECTIONAL TERMS

Label Figure 2-15 to identify the following positional and directional terms.

Note that the figure is in the anatomic position with the palms of the hands facing outward and the fifth (little) finger in a medial position (closer to the center of the body). The thumb, then, is lateral.

LOCATION	RELATIONSHIP
Anterior (ventral) [1]	Front side of the body. <i>Example:</i> The forehead is on the anterior side of the body.
Posterior (dorsal) [2]	The back side of the body. <i>Example:</i> The back of the head is posterior (dorsal) to the face.
Deep [3]	Away from the surface. <i>Example:</i> The stab wound penetrated deep into the abdomen.
Superficial [4]	On the surface. <i>Example:</i> Superficial veins can be viewed through the skin.
Proximal [5]	Near the point of attachment to the trunk or near the beginning of a structure. <i>Example:</i> The proximal end of the thigh bone (femur) joins with the hip socket.
Distal [6]	Far from the point of attachment to the trunk or far from the beginning of a structure. <i>Example:</i> At its distal end, the femur joins with the knee.
Inferior [7]	Below another structure. <i>Example:</i> The feet are at the inferior part of the body. They are inferior to the knees. The term caudal (pertaining to the tail, or to the lower portion of the body) also means away from the head or below another structure.
Superior [8]	Above another structure. <i>Example:</i> The head lies superior to the neck. Cephalic (pertaining to the head) also means above another structure.
Medial [9]	Pertaining to the middle, or nearer the medial plane of the body. <i>Example:</i> When in the anatomic position (palms of the hands facing outward), the fifth (little) finger is medial .
Lateral [10]	Pertaining to the side. <i>Example:</i> When in the anatomic position (palms of the hands facing outward), the thumb is lateral .
Supine [11]	Lying on the back. <i>Example:</i> The patient lies supine during an examination of the abdomen. (The face is up in the supine position.)
Prone [12]	Lying on the belly. <i>Example:</i> The backbones are examined with the patient in a prone position. (The patient lies on his or her stomach in the prone position.)

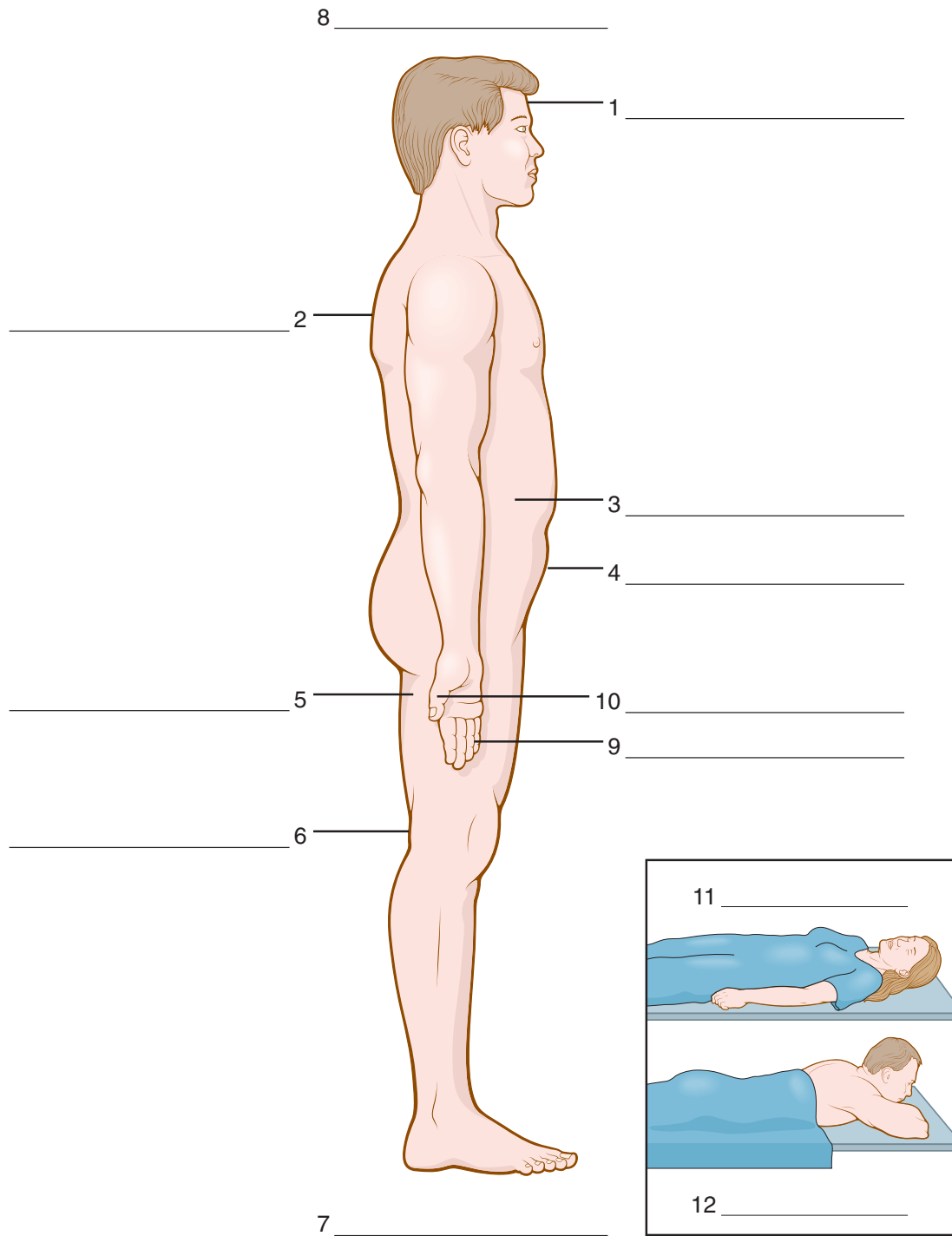


FIGURE 2-15 Positional and directional terms.

PLANES OF THE BODY

A plane is an imaginary flat surface. Label Figure 2-16 to identify the following planes of the body:

PLANE	LOCATION
Frontal (coronal) plane [1]	Vertical plane dividing the body or structure into anterior and posterior portions. A common chest x-ray view is a PA (posteroanterior—viewed from back to front) view, which is in the frontal (coronal) plane.
Sagittal (lateral) plane [2]	Lengthwise vertical plane dividing the body or structure into right and left sides. The midsagittal plane divides the body into right and left halves. A lateral (side-to-side) chest x-ray film is taken in the sagittal plane.
Transverse (axial) plane [3]	Horizontal (cross-sectional) plane running across the body parallel to the ground. This cross-sectional plane divides the body or structure into upper and lower portions. A CT (computed tomography) scan is one of a series of x-ray pictures taken in the transverse (axial or cross-sectional) plane.

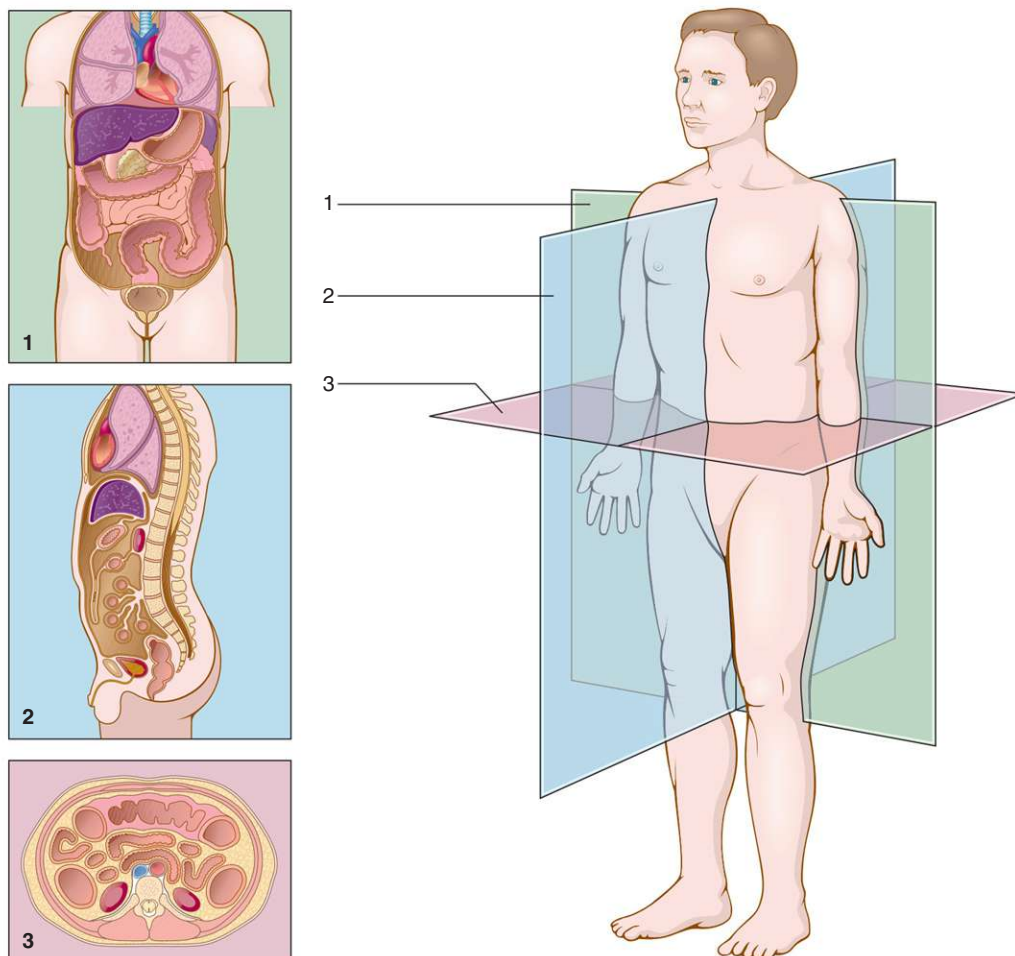


FIGURE 2-16 Planes of the body. The figure is in the **anatomic position**. Note the views of the body represented by each plane.



STUDY SECTION 5

Practice spelling each term, and know its meaning.

anterior (ventral)	Front surface of the body.
deep	Away from the surface.
distal	Far from the point of attachment to the trunk or far from the beginning of a structure.
frontal (coronal) plane	Vertical plane dividing the body or structure into anterior and posterior portions.
inferior (caudal)	Below another structure; pertaining to the tail or lower portion of the body.
lateral	Pertaining to the side.
medial	Pertaining to the middle or near the medial plane of the body.
posterior (dorsal)	Back surface of the body.
prone	Lying on the belly (face down, palms down).
proximal	Near the point of attachment to the trunk or near the beginning of a structure.
sagittal (lateral) plane	Lengthwise, vertical plane dividing the body or structure into right and left sides. From the Latin <i>sagitta</i> , meaning arrow. As an arrow is shot from a bow it enters the body in the sagittal plane, dividing right from left. The midsagittal plane divides the body into right and left halves.
superficial	On the surface.
superior (cephalic)	Above another structure; pertaining to the head.
supine	Lying on the back (face up, palms up).
transverse (axial) plane	Horizontal (cross-sectional) plane dividing the body into upper and lower portions.

2



TERMINOLOGY

Divide each term into its component parts, and write its meaning in the space provided.

COMBINING FORMS

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
abdomin/o	abdomen	<u>abdominal</u> _____ <i>The abdomen is the region below the chest containing internal organs (such as the liver, intestines, stomach, and gallbladder).</i>	
adip/o	fat	<u>adipose</u> _____ <i>The suffix -ose means pertaining to or full of.</i>	
anter/o	front	<u>anterior</u> _____ <i>The suffix -ior means pertaining to.</i>	

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
bol/o	to cast (throw)	<u>anabolism</u> _____ <i>The prefix ana- means up. The suffix -ism means process. In this cellular process, proteins are built up (protein synthesis).</i>	
cervic/o	neck (of the body or of the uterus)	<u>cervical</u> _____ <i>The cervix is the neck of the uterus. The term cervical can mean pertaining to the neck of the body or to the neck (lower part) of the uterus.</i>	
chondr/o	cartilage (type of connective tissue)	<u>chondroma</u> _____ <i>This is a benign tumor.</i> <u>chondrosarcoma</u> _____ <i>This is a malignant tumor. The root sarc indicates that the malignant tumor arises from a type of flesh or connective tissue.</i>	
chrom/o	color	<u>chromosomes</u> _____ <i>These nuclear structures absorb the color of dyes used to stain the cell. The suffix -somes means bodies. Literally, this term means "bodies of color," because this is how they appeared to researchers who first saw them under the microscope.</i>	
coccyg/o	coccyx (tailbone)	<u>coccygeal</u> _____	
crani/o	skull	<u>craniotomy</u> _____	
cyt/o	cell	<u>cytoplasm</u> _____ <i>The suffix -plasm means formation.</i>	
dist/o	far, distant	<u>distal</u> _____	
dors/o	back portion of the body	<u>dorsal</u> _____ <i>The dorsal fin of a fish is on its back (see Figure 2-17).</i>	
hist/o	tissue	<u>histology</u> _____	
ili/o	ilium (part of the pelvic bone)	<u>iliac</u> _____ <i>See Figure 2-18 for a picture of the ilium.</i>	
inguin/o	groin	<u>inguinal</u> _____	
kary/o	nucleus	<u>karyotype</u> _____ <i>The suffix -type means classification or picture.</i>	

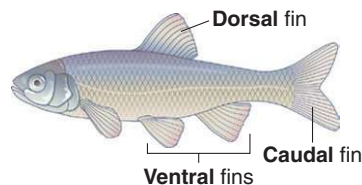


FIGURE 2-17 Notice the **dorsal**, **caudal**, and **ventral** fins of a fish.

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
later/o	side	<u>lateral</u> _____	
lumb/o	lower back (side and back between the ribs and the pelvis)	<u>lumbosacral</u> _____	
medi/o	middle	<u>medial</u> _____	
nucle/o	nucleus	<u>nucleic</u> _____	
pelv/i	pelvis, hip region	<u>pelvic</u> _____ <i>The pelvis includes all the bones that surround the pelvic cavity (Figure 2-18).</i>	
poster/o	back, behind	<u>posterior</u> _____	
proxim/o	nearest	<u>proximal</u> _____	
sacr/o	sacrum	<u>sacral</u> _____	
sarc/o	flesh	<u>sarcoma</u> _____	
spin/o	spine, backbone	<u>spinal</u> _____	

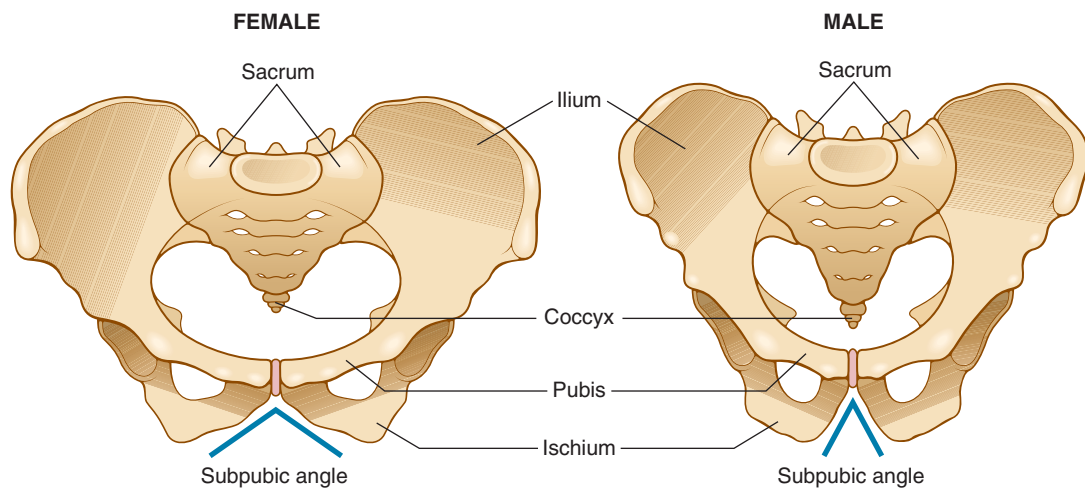


FIGURE 2-18

**Pelvis: Comparison of Female and Male**

The **female pelvis** is **wider** and **more massive** than the male pelvis. **The female pelvic opening is a larger, rounded, oval shape, whereas the male pelvic opening is deep, narrow, and funnel- or heart-shaped.** Thus, the female pelvis can accommodate the fetus during pregnancy and its downward passage through the pelvic cavity in childbirth.

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
thel/o, theli/o	nipple	<u>epithelial</u> cell _____ <i>This cell, originally identified in the skin of the nipples, lies on body surfaces, externally (outside the body) and internally (lining cavities and organs).</i>	
thorac/o	chest	<u>thoracic</u> _____ <u>thoracotomy</u> _____	
trache/o	trachea, windpipe	<u>tracheal</u> _____	
umbilic/o	navel, umbilicus	<u>umbilical</u> _____	
ventr/o	belly side of the body	<u>ventral</u> _____	
vertebr/o	vertebra(e), backbone(s)	<u>vertebral</u> _____	
viscer/o	internal organs	<u>visceral</u> _____	

PREFIXES

PREFIX	MEANING	TERMINOLOGY	MEANING
ana-	up	<u>anabolic</u> _____	
cata-	down	<u>catabolism</u> _____ <i>Complex nutrients are broken down into simpler substances and energy is released.</i>	
epi-	above	<u>epigastric</u> _____	
hypo-	below	<u>hypochondriac</u> region _____ <i>The Greeks thought that organs (liver and spleen) in the hypochondriac region of the abdomen were the origin of imaginary illnesses—hence the term hypochondriac, a person with unusual anxiety about his or her health and with symptoms not attributable to any disease process.</i>	
inter-	between	<u>intervertebral</u> _____ <i>A disk (disc) is an intervertebral structure.</i>	
meta-	change	<u>metabolism</u> _____ <i>Literally, to cast (bol/o) a change (meta-), meaning the chemical changes (processes) that occur in a cell.</i>	

SUFFIXES

The following are some new suffixes introduced in this chapter. See the Glossary at the end of the book, for additional suffixes meaning “pertaining to.”

SUFFIX	MEANING	SUFFIX	MEANING
-eal	pertaining to	-ose	pertaining to, full of
-iac	pertaining to	-plasm	formation
-ior	pertaining to	-somes	bodies
-ism	process, condition	-type	picture, classification



PRACTICAL APPLICATIONS

Be sure to check your answers with the Answers to Practical Applications on page 65.

SURGICAL PROCEDURES

Match the surgical procedure in Column I with a reason for performing it in Column II. *Note:* You are not looking for the exact meaning of each surgical procedure, but rather why it would be performed.

COLUMN I

Procedures

1. Craniotomy _____
2. Thoracotomy _____
3. Discectomy _____
4. Mediastinoscopy _____
5. Tracheotomy _____
6. Laryngectomy _____
7. Arthroscopy _____
8. Peritoneoscopy _____

COLUMN II

Indications

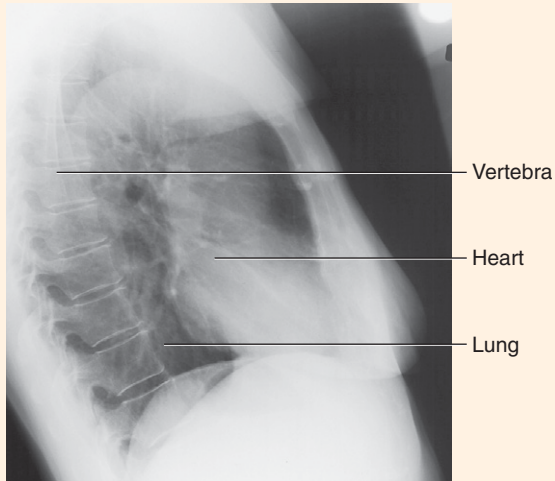
- A. Emergency effort to remove foreign material from the windpipe
- B. Inspection and repair of torn cartilage in the knee
- C. Removal of a diseased or injured portion of the brain
- D. Inspection of lymph nodes* in the region between the lungs
- E. Removal of a squamous cell† carcinoma in the voice box
- F. Open heart surgery, or removal of lung tissue
- G. Inspection of abdominal organs and removal of diseased tissue
- H. Relief of symptoms from a bulging intervertebral disk

*Lymph nodes are collections of tissue containing white blood cells called lymphocytes.

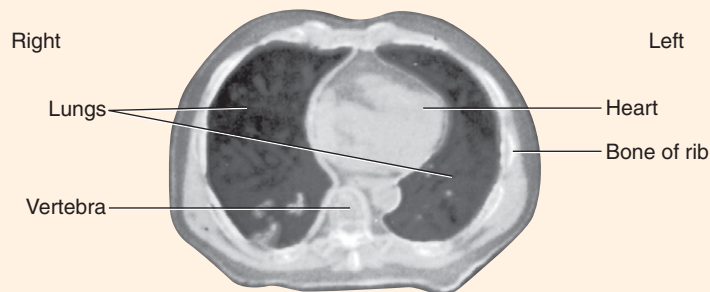
†A squamous cell is a type of epithelial cell.

X-RAY VIEWS

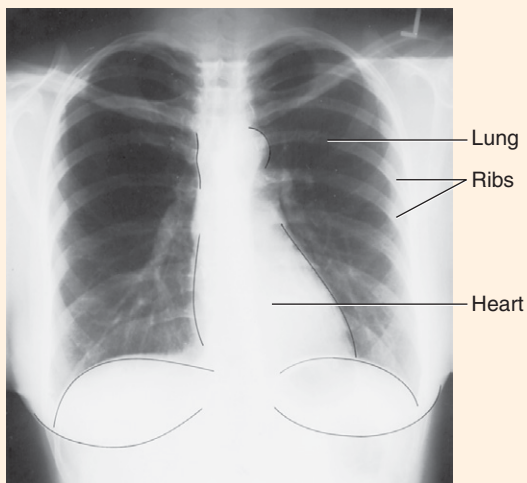
Circle the correct answers in the following sentences related to each x-ray view of the chest.

FIGURE A

1. This is a/an (**coronal**, **sagittal**, **axial**) view. The heart lies (**anterior**, **posterior**, **dorsal**) to the vertebrae.

FIGURE B

2. This is a/an (**coronal**, **sagittal**, **axial**) view. It is a/an (**CT**, **traditional x-ray**) image.

FIGURE C

3. This is a/an (**coronal**, **sagittal**, **axial**) view. It is a/an (**lateral**, **transverse**, **anterior/posterior**) image.



EXERCISES

Remember to check your answers carefully with the Answers to Exercises, page 64.

A The listed terms are parts of a cell. Match each term with its correct meaning.

cell membrane
chromosomes
cytoplasm

DNA
endoplasmic reticulum
genes

mitochondria
nucleus

1. material of the cell located outside the nucleus and yet enclosed by the cell membrane

2. regions of DNA within each chromosome _____
3. small sausage-shaped structures that are the principal source of energy for the cell

4. network of canals within the cytoplasm; the site of protein synthesis _____
5. structure that surrounds and protects the cell _____
6. control center of the cell, containing chromosomes _____
7. chemical found within each chromosome _____
8. rod-shaped structures in the nucleus that contain regions called genes _____

B Use medical terms or numbers to complete the following sentences.

1. A picture of chromosomes in the nucleus of a cell is a/an _____.
2. The number of chromosomes in a normal male's muscle cell is _____.
3. The number of chromosomes in a female's egg cell is _____.
4. The process of building up proteins in a cell is _____.
5. Complex nutrients are broken down to similar substances and energy is released _____.
6. The total of the chemical processes in a cell is _____.
7. A scientist who studies tissues is a/an _____.
8. The medical term for internal organs is _____.

C Match each of the listed body parts or tissues with its correct description below.

adipose tissue
cartilage
epithelial tissue
larynx

pharynx
pituitary gland
pleura
thyroid gland

trachea
ureter
urethra
uterus

1. voice box _____
2. membrane surrounding the lungs _____
3. throat _____
4. tube from the kidney to the urinary bladder _____
5. collection of fat cells _____
6. endocrine organ located at the base of the brain _____
7. windpipe _____
8. flexible connective tissue attached to bones at joints _____
9. skin cells that cover the outside of the body and line internal organs _____
10. endocrine gland surrounding the windpipe in the neck _____
11. womb _____
12. tube leading from the urinary bladder to the outside of the body _____

D Name the five cavities of the body.

1. cavity surrounded by the skull _____
2. cavity in the chest surrounded by the ribs _____
3. cavity below the chest containing the stomach, liver, and gallbladder _____
4. cavity surrounded by the hip bones _____
5. cavity surrounded by the bones of the back _____

E Select from the following to define the terms listed on the next page.

space surrounding each lung
space between the lungs
muscle separating the abdominal and thoracic cavities
membrane surrounding the abdominal organs
area below the umbilicus (as well as below the stomach)
area above the stomach
area of the navel
areas near the groin
nervous tissue within the spinal cavity
bony tissue surrounding the spinal cavity
pad of cartilage between two adjoining vertebrae

1. hypogastric region _____
2. mediastinum _____
3. spinal cord _____
4. diaphragm _____
5. intervertebral disk _____
6. pleural cavity _____
7. spinal column _____
8. inguinal regions _____
9. peritoneum _____
10. umbilical region _____
11. epigastric region _____

F Name the five divisions of the back.

1. region of the neck _____
2. region of the chest _____
3. region of the waist _____
4. region of the sacrum _____
5. region of the tailbone _____

G Give the meanings of the following abbreviations.

1. LLQ _____
2. L5–S1 _____
3. RUQ _____
4. C3–C4 _____
5. RLQ _____

H Give the opposites of the following terms.

- | | |
|-------------------|-------------------|
| 1. deep _____ | 4. medial _____ |
| 2. proximal _____ | 5. dorsal _____ |
| 3. supine _____ | 6. superior _____ |

I Select from the following medical terms to complete the sentences below.

distal	midsagittal	transverse (axial)
frontal (coronal)	proximal	vertebra
inferior (caudal)	superior (cephalic)	vertebrae
lateral		

- The kidney lies _____ to the spinal cord. (Hint: to the side of)
- The _____ end of the thigh bone (femur) joins with the kneecap (patella).
- The _____ plane divides the body into an anterior and a posterior portion.
- Each backbone is a/an _____.
- Several backbones are _____.
- The diaphragm lies _____ to the organs in the thoracic cavity.
- The _____ plane divides the body into right and left halves.
- The _____ end of the upper arm bone (humerus) is at the shoulder.
- The _____ plane divides the body into upper and lower portions.
- The pharynx is located _____ to the esophagus.

J Use slashes to divide the following terms into component parts, and give meanings for each.

- craniotomy _____
- cervical _____
- chondroma _____
- chondrosarcoma _____
- nucleic _____

K Give the medical term for the following definitions. Pay attention to spelling!

- space below the chest containing the liver, stomach, gallbladder, and intestines

- flexible connective tissue attached to bones at joints _____
- rod-shaped structures in the cell nucleus, containing regions of DNA _____
- muscle separating the abdominal and thoracic cavities _____
- voice box _____
- vertical plane dividing the body into right and left sides _____
- pertaining to the neck _____
- tumor (benign) of cartilage _____
- control center of the cell; directs the activities of the cell _____
- pertaining to the windpipe _____

L Complete each term based on the meaning provided.

1. pertaining to internal organs: _____al
2. tumor of flesh tissue (malignant): _____oma
3. pertaining to the chest: _____ic
4. picture of the chromosomes in the cell nucleus: _____type
5. sausage-shaped cellular structures in which catabolism takes place: mito _____
6. space between the lungs: media _____
7. endocrine gland at the base of the brain: _____ary gland
8. pertaining to skin (surface) cells: epi _____
9. pertaining to far from the beginning of a structure: _____al
10. on the surface of the body: super _____

M Circle the correct term to complete each sentence.

1. Dr. Curnen said the (**inguinal, superior, superficial**) wound barely scratched the surface.
2. Because the liver and spleen are on opposite sides of the body, the liver is in the (**RUQ, LUQ, LLQ**) of the abdominopelvic cavity and the spleen is in the (**RUQ, LUQ, RLQ**).
3. When a gynecologist performs a pelvic examination, the patient lies on her back in the (**ventral, dorsal, medial**) lithotomy position (Figure 2-19).
4. Sally complained of pain in the area surrounding her navel. The doctor described the pain as (**periumbilical, epigastric, hypogastric**).
5. After sampling the fluid surrounding her 16-week-old fetus and reviewing the chromosomal picture, the doctor explained to Mrs. Jones that the fetus had trisomy 21. The diagnosis was made by analysis of an abnormal (**urine sample, x-ray film, karyotype**).
6. The (**spinal, sagittal, abdominal**) cavity contains digestive organs.
7. The emergency department physician suspected appendicitis when Brandon was admitted with sharp (**LLQ, RLQ, RUQ**) pain.

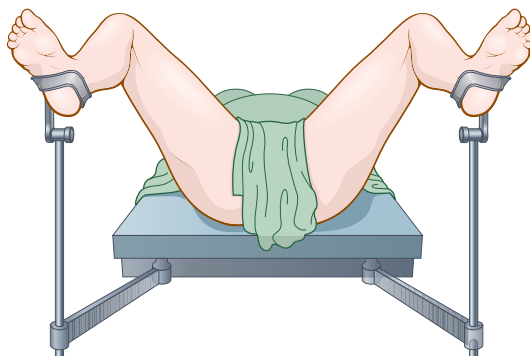


FIGURE 2-19 Dorsal lithotomy position. Lithotomy means incision to remove a stone (lith/o = stone). This position is used for gynecologic examinations and for removal of stones from the urinary tract.

8. Susan had hiccups after rapidly eating spicy Indian food. Her physician explained that the hiccups were involuntary contractions or spasms of the (**umbilicus, diaphragm, mediastinum**) resulting in uncontrolled breathing in of air.
9. Everyone in the society pages was noticeably slimmer this year. Could the popularity of liposuction surgery to remove unwanted (**cartilage, epithelial tissue, adipose tissue**) have something to do with this phenomenon?
10. Maria's coughing and sneezing were a result of an allergy to animal dander that affected her (**respiratory, cardiovascular, urinary**) system.
11. While ice skating, Natalie fell and landed on her buttocks. She had persistent (**cervical, thoracic, coccygeal**) pain for a few weeks but no broken bones on x-ray examination.

ANSWERS TO EXERCISES

A

- | | | |
|-----------------|--------------------------|----------------|
| 1. cytoplasm | 4. endoplasmic reticulum | 7. DNA |
| 2. genes | 5. cell membrane | 8. chromosomes |
| 3. mitochondria | 6. nucleus | |

B

- | | | |
|------------------|---------------|----------------|
| 1. karyotype | 4. anabolism | 7. histologist |
| 2. 46 (23 pairs) | 5. catabolism | 8. viscera |
| 3. 23 | 6. metabolism | |

C

- | | | |
|------------|--------------------|----------------------|
| 1. larynx | 5. adipose tissue | 9. epithelial tissue |
| 2. pleura | 6. pituitary gland | 10. thyroid gland |
| 3. pharynx | 7. trachea | 11. uterus |
| 4. ureter | 8. cartilage | 12. urethra |

D

- | | |
|--------------|-----------|
| 1. cranial | 4. pelvic |
| 2. thoracic | 5. spinal |
| 3. abdominal | |

E

- | | | |
|--|---|--|
| 1. area below the umbilicus | 5. pad of cartilage between two adjoining vertebrae | 8. areas near the groin |
| 2. space between the lungs | 6. space surrounding each lung | 9. membrane surrounding the abdominal organs |
| 3. nervous tissue within the spinal cavity | 7. bony tissue surrounding the spinal cavity | 10. area of the navel |
| 4. muscle separating the abdominal and thoracic cavities | | 11. area above the stomach |

F

- | | |
|-------------|--------------|
| 1. cervical | 4. sacral |
| 2. thoracic | 5. coccygeal |
| 3. lumbar | |

G	<ol style="list-style-type: none"> 1. left lower quadrant (of the abdominopelvic cavity) 2. between the fifth lumbar vertebra and the first sacral vertebra (a common place for a herniated disk) 	<ol style="list-style-type: none"> 3. right upper quadrant (of the abdominopelvic cavity) 4. between the third and fourth cervical vertebrae 	<ol style="list-style-type: none"> 5. right lower quadrant (of the abdominopelvic cavity)
H	<ol style="list-style-type: none"> 1. superficial 2. distal 	<ol style="list-style-type: none"> 3. prone 4. lateral 	<ol style="list-style-type: none"> 5. ventral (anterior) 6. inferior (caudal)
I	<ol style="list-style-type: none"> 1. lateral 2. distal 3. frontal (coronal) 4. vertebra 	<ol style="list-style-type: none"> 5. vertebrae 6. inferior (caudal) 7. midsagittal 	<ol style="list-style-type: none"> 8. proximal 9. transverse (cross-sectional) 10. superior (cephalic)
J	<ol style="list-style-type: none"> 1. crani/o/tomy—incision of the skull 2. cervic/al—pertaining to the neck (of the body or the cervix of the uterus) 	<ol style="list-style-type: none"> 3. chondr/oma—tumor of cartilage (benign or noncancerous tumor) 4. chondr/o/sarc/oma—flesh tumor of cartilage (cancerous, malignant tumor) 	<ol style="list-style-type: none"> 5. nucle/ic—pertaining to the nucleus
K	<ol style="list-style-type: none"> 1. abdomen or abdominal cavity 2. cartilage 3. chromosomes 4. diaphragm 	<ol style="list-style-type: none"> 5. larynx 6. sagittal—note spelling with two t's 7. cervical 	<ol style="list-style-type: none"> 8. chondroma 9. nucleus 10. tracheal
L	<ol style="list-style-type: none"> 1. visceral 2. sarcoma 3. thoracic 4. karyotype 	<ol style="list-style-type: none"> 5. mitochondria—memory tip: catabolism and mitochondria, cat and mouse! 6. mediastinum 	<ol style="list-style-type: none"> 7. pituitary gland 8. epithelial 9. distal 10. superficial
M	<ol style="list-style-type: none"> 1. superficial 2. RUQ; LUQ 3. dorsal; often called the dorsolithotomy position 	<ol style="list-style-type: none"> 4. periumbilical 5. karyotype 6. abdominal 7. RLQ 	<ol style="list-style-type: none"> 8. diaphragm 9. adipose tissue 10. respiratory 11. coccygeal

Answers to Practical Applications

Surgical Procedures

1. **C** A trephine is a type of circular saw used for craniotomy.
2. **F**
3. **H** Endoscopic discectomy is performed through a small incision on the back, lateral to the spine. All or a portion of the disk is removed.
4. **D** A small incision is made above the breastbone and an endoscope is inserted to inspect the lymph nodes around the trachea.
5. **A**
6. **E**
7. **B**
8. **G** A small incision is made near the navel, and a laparoscope is inserted. The procedure, also called laparoscopy (lapar/o means abdomen) or minimally invasive surgery, is used to examine organs and perform less complex surgical operations, such as removal of the gallbladder or appendix or tying off of the fallopian tubes.

X-ray Views

1. sagittal, anterior
2. axial, CT
3. coronal, anterior/posterior



PRONUNCIATION OF TERMS

To test your understanding of the terminology in this chapter, write the meaning of each term in the space provided. In addition, you may wish to cover the terms and write them by looking at your definitions. Make sure your spelling is correct. The CAPITAL letters indicate the accented syllable. The page number after each term indicates where it is defined or used in the book, so you can easily check your responses. You will find complete definitions for all of these terms and their audio pronunciations on the Evolve website.

Pronunciation Guide

ā as in āpe	ă as in ăpple
ē as in ēven	ě as in ěvery
ī as in īce	ĩ as in ĩnterest
ō as in ōpen	ő as in pőt
ū as in ūnit	ű as in űnder

TERM	PRONUNCIATION	MEANING
abdomen (45)	ĀB-dō-měn	_____
abdominal cavity (45)	ăb-DŌM-ĩ-năl KĀ-vĩ-tē	_____
adipose (40)	ĀD-ĩ-pōs	_____
anabolism (37)	ă-NĀB-ō-lĩzm	_____
anterior (50)	an-TĒ-rē-őr	_____
cartilage (40)	KĀR-tĩ-lĩj	_____
catabolism (37)	kă-TĀB-ō-lĩzm	_____
caudal (50)	KĀW-dăl	_____
cell membrane (37)	sěl MĚM-brăn	_____
cephalic (50)	SĚF-ă-lĩk	_____
cervical (49)	SĚR-vĩ-kăl	_____
chondroma (54)	kŏn-DRŌ-mă	_____
chondrosarcoma (54)	kŏn-drŏ-săr-KŌ-mă	_____
chromosome (37)	KRŌ-mŏ-sŏm	_____
coccygeal (49)	kŏk-sĩ-JĚ-ăl	_____
coccyx (48)	KŎK-sĩks	_____
cranial cavity (45)	KRĀ-nē-ăl KĀ-vĩ-tē	_____
craniotomy (54)	krā-nē-ŎT-ŏ-mē	_____
cytoplasm (37)	Sĩ-tŏ-plăzm	_____
deep (50)	dēp	_____
diaphragm (45)	DĪ-ă-frăm	_____
disk (disc) (49)	dĩsk	_____

TERM	PRONUNCIATION	MEANING
distal (50)	DĪS-tāl	_____
dorsal (45)	DÖR-sāl	_____
endoplasmic reticulum (37)	ěn-dō-PLĀZ-mĭk rē-TĪK-ū-lŭm	_____
epigastric region (49)	ěp-ĭ-GĀS-trĭk RĒ-jŭn	_____
epithelial cells (40)	ěp-ĭ-THĒ-lē-āl sĕlz	_____
frontal plane (52)	FRŮN-tāl plān	_____
genes (37)	jēnz	_____
histology (54)	hĭs-TÖL-ō-jē	_____
hypochondriac region (49)	hĭ-pō-KÖN-drē-āk RĒ-jŭn	_____
hypogastric region (49)	hĭ-pō-GĀS-trĭk RĒ-jŭn	_____
iliac (54)	ĪL-ē-āk	_____
inferior (50)	in-FĒR-ē-ŭr	_____
inguinal region (49)	ĪNG-gwĭ-nāl RĒ-jŭn	_____
intervertebral (56)	ĭn-tĕr-VĒR-tĕ-brāl <i>or</i>	_____
karyotype (37)	KĀR-ē-ō-tĭp	_____
larynx (40)	LĀR-ĭnks	_____
lateral (50)	LĀT-ĕr-al	_____
lumbar region (49)	LŮM-bār RĒ-jŭn	_____
lumbosacral (55)	lŭm-bō-SĀ-krāl	_____
medial (50)	MĒ-dē-āl	_____
mediastinum (45)	mē-dē-ă-STĪ-nŭm	_____
metabolism (37)	mĕ-TĀB-ō-lĭzm	_____
mitochondria (37)	mĭ-tō-KÖN-drē-ă	_____
nucleic (55)	nŭ-KLĒ-ĭk	_____
nucleus (37)	NŮ-klē-ŭs	_____
pelvic cavity (45)	PĚL-vĭk KĀ-vĭ-tē	_____
peritoneum (45)	pĕ-rĭ-tō-NĒ-ŭm	_____
pharynx (40)	FĀR-ĭnks	_____
pituitary gland (40)	pĭ-TOO-ĭ-tār-ē glānd	_____
pleura (45)	PLOO-ră	_____

TERM	PRONUNCIATION	MEANING
pleural cavity (45)	PLOOR-ăl KĂ-vĩ-tē	_____
posterior (50)	pös-TĚR-ē-ör	_____
prone (50)	prōn	_____
proximal (50)	PRŎKS-i-măl	_____
sacral (49)	SĂ-krăl	_____
sacrum (48)	SĂ-krŭm	_____
sagittal plane (52)	SĂJ-i-tăl plân	_____
sarcoma (55)	săr-KŎ-mă	_____
spinal cavity (45)	SPĪ-năl KĂ-vĩ-tē	_____
spinal column (49)	SPĪ-năl KŎL-ŭm	_____
spinal cord (49)	SPĪ-năl kŏrd	_____
superficial (50)	sŭ-pěr-FĪSH-ăl	_____
superior (50)	sŭ-PĚR-ē-ŭr	_____
supine (50)	SOO-pīn	_____
thoracic cavity (45)	thō-RĂS-ik KĂ-vĩ-tē	_____
thoracotomy (56)	thō-ră-KŎT-ō-mē	_____
thyroid gland (40)	THĪ-royd glănd	_____
trachea (40)	TRĀ-kē-ă	_____
tracheal (56)	TRĀ-kē-ăl	_____
transverse plane (52)	trănz-VĚRS plân	_____
umbilical region (49)	ŭm-BĪL-i-kăl RĚ-jŭn	_____
ureter (40)	Ū-rě-těr <i>or</i> ū-RĚ-těr	_____
urethra (40)	ŭ-RĚ-thră	_____
uterus (40)	Ū-tě-rŭs	_____
ventral (45)	VĚN-trăl	_____
vertebra (49)	VĚR-tě-bră	_____
vertebrae (49)	VĚR-tě-bră	_____
vertebral (56)	VĚR-tě-brăl <i>or</i> věr-TĚ-brăl	_____
viscera (40)	VĪS-ěr-ă	_____
visceral (56)	VĪS-ěr-ăl	_____



REVIEW SHEET

Write the meaning of each combining form, prefix, or suffix in the space provided, and test yourself. Check your answers with the information in the chapter or in the Glossary (Medical Word Parts—English), at the end of the book.

Combining Forms

COMBINING FORM	MEANING	COMBINING FORM	MEANING
abdomin/o	_____	lumb/o	_____
adip/o	_____	medi/o	_____
anter/o	_____	nucle/o	_____
bol/o	_____	pelv/i	_____
cervic/o	_____	poster/o	_____
chondr/o	_____	proxim/o	_____
chrom/o	_____	sacr/o	_____
coccyg/o	_____	sarc/o	_____
crani/o	_____	spin/o	_____
cyt/o	_____	thel/o, theli/o	_____
dist/o	_____	thorac/o	_____
dors/o	_____	trache/o	_____
hist/o	_____	umbilic/o	_____
ili/o	_____	ventr/o	_____
inguin/o	_____	vertebr/o	_____
kary/o	_____	viscer/o	_____
later/o	_____		

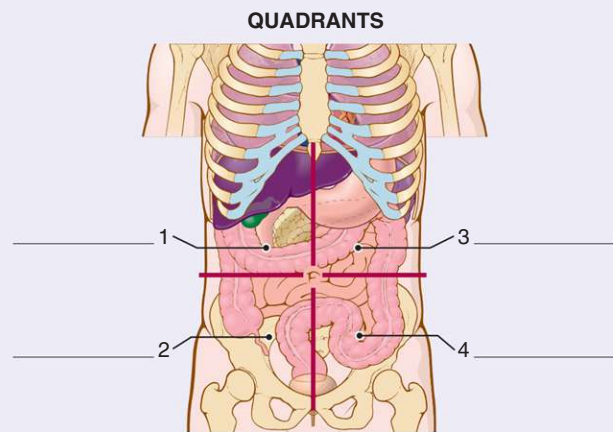
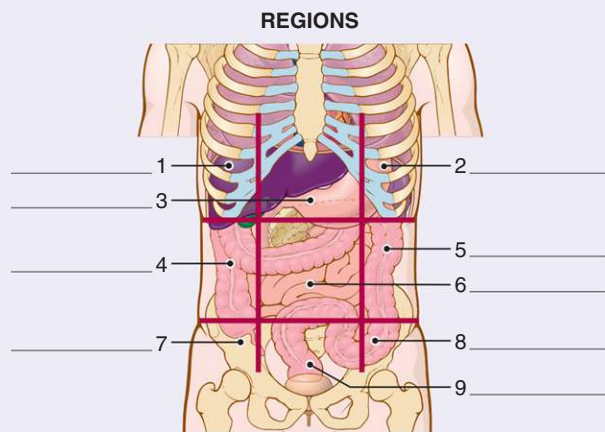
Prefixes

PREFIX	MEANING	PREFIX	MEANING
ana-	_____	hypo-	_____
cata-	_____	inter-	_____
epi-	_____	meta-	_____

Suffixes

SUFFIX	MEANING	SUFFIX	MEANING
-al	_____	-oma	_____
-eal	_____	-ose	_____
-ectomy	_____	-plasm	_____
-iac	_____	-somes	_____
-ior	_____	-tomy	_____
-ism	_____	-type	_____

Label the regions and quadrants (use abbreviations) of the abdominopelvic cavity. Check your answers in the chapter, pages 46 and 47.



Name the divisions of the spinal column. Check your answers on page 48.

neck region (C1 to C7) _____

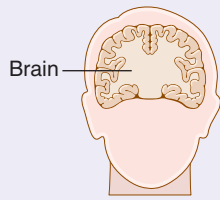
chest region (T1 to T12) _____

lower back (loin) region (L1 to L5) _____

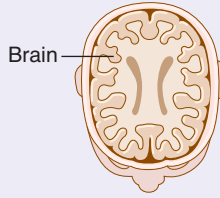
region of the sacrum (S1 to S5) _____

tailbone region _____

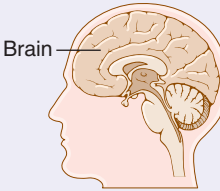
Name the planes of the head as pictured below. Check your answers on page 52.



vertical plane that divides the body into anterior and posterior portions



horizontal plane that divides the body into upper and lower portions



vertical plane that divides the body into right and left portions

Name the positional and directional terms. Check your answers on pages 50-51.

front of the body _____

back of the body _____

away from the surface of the body _____

on the surface of the body _____

far from the point of attachment to the trunk or far from the beginning of a structure

near the point of attachment to the trunk or near the beginning of a structure

below another structure _____

above another structure _____

pertaining to the side _____

pertaining to the middle _____

lying on the belly _____

lying on the back _____

Give the meanings of the following terms that pertain to the cell. Check your answers with Study Section I, page 37.

chromosomes _____

mitochondria _____

nucleus _____

DNA _____

endoplasmic reticulum _____

cell membrane _____

catabolism _____

anabolism _____

metabolism _____

Give the term that suits the meaning provided. Check your answers with Study Section 2, page 40.

membrane surrounding the lungs _____

membrane surrounding the abdominal viscera _____

muscular wall separating the thoracic and abdominal cavities _____

space between the lungs, containing the heart, windpipe, aorta _____

a backbone _____

a pad of cartilage between each backbone and the next _____

CHAPTER 3

Suffixes

This chapter is divided into the following sections:

Introduction, 74

Combining Forms, 74

Suffixes and Terminology, 76

A Closer Look, 84

Practical Applications, 89

Exercises, 90

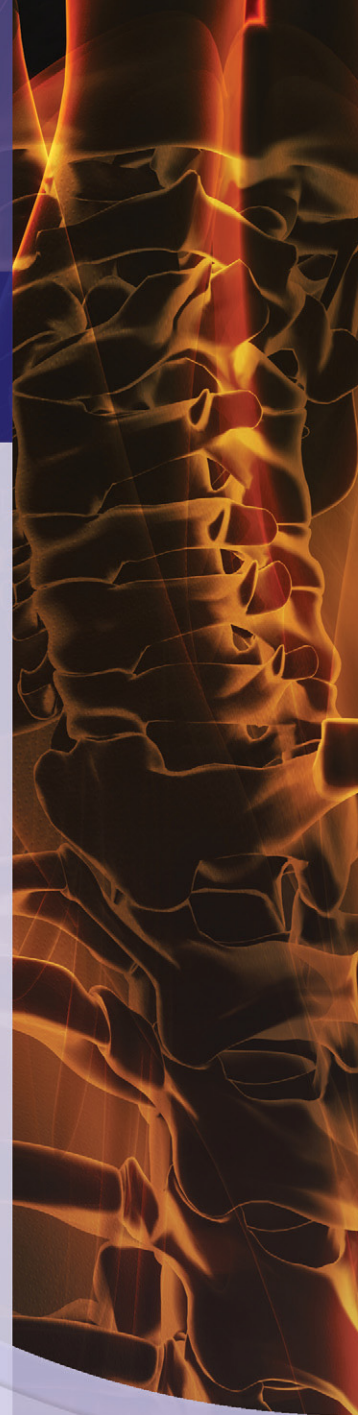
Answers to Exercises, 98

Pronunciation of Terms, 100

Review Sheet, 104

CHAPTER GOALS

- Define new suffixes and review those presented in previous chapters.
- Gain practice in word analysis by using these suffixes with combining forms to build and understand terms.
- Identify the functions of the different types of blood cells in the body.



INTRODUCTION

In this chapter you will encounter many of the most common suffixes in the medical language. As you work through the entire book, these suffixes will appear often. An additional group of suffixes is presented in Chapter 6.

Additional combining forms are presented in this chapter to use in making words with suffixes. Your mastery of this material and your analysis of the words in the section on Suffixes and Terminology will increase your medical language vocabulary.

With this new knowledge, you can expect to expand your understanding of terminology beyond basic word analysis. To support this broader understanding, **A Closer Look** beginning of page 84, contains relevant images and gives more detailed explanations of new terms.



COMBINING FORMS

Use the following list of combining forms as you write the meanings of terms starting on page 76.

COMBINING FORMS

COMBINING FORM	MEANING	COMBINING FORM	MEANING
abdomin/o	abdomen	bronch/o	bronchial tubes (two tubes, one right and one left, that branch from the trachea to enter the lungs)
acr/o	extremities, top, extreme point	carcin/o	cancer
acu/o	sharp, severe, sudden	cardi/o	heart
aden/o	gland	chem/o	drug, chemical
adip/o	fat	chondr/o	cartilage
amni/o	amnion (sac surrounding the embryo in the uterus)	chron/o	time
angi/o	vessel	col/o	colon (large intestine)
arteri/o	artery	cyst/o	urinary bladder
arthr/o	joint	encephal/o	brain
axill/o	armpit	erythr/o	red
bi/o	life	hem/o	blood
blephar/o	eyelid	hepat/o	liver

COMBINING FORM	MEANING	COMBINING FORM	MEANING
hydr/o	water, fluid	oste/o	bone
inguin/o	groin	ot/o	ear
isch/o	to hold back	path/o	disease
lapar/o	abdomen, abdominal wall	peritone/o	peritoneum
laryng/o	larynx 	phag/o	to eat, swallow
leuk/o	white	phleb/o	vein
lymph/o	lymph <i>Lymph, a clear fluid that bathes tissue spaces, is contained in special lymph vessels and nodes throughout the body.</i>	plas/o	formation, development
mamm/o	breast	pleur/o	pleura (membrane surrounding lungs and adjacent to chest wall)
mast/o	breast	pneumon/o	lungs
morph/o	shape, form	pulmon/o	lungs
muc/o	mucus	radi/o	x-rays
my/o	muscle	rect/o	rectum
myel/o	spinal cord, bone marrow <i>Context of usage indicates the meaning intended.</i>	ren/o	kidney
necr/o	death (of cells or whole body)	rhin/o	nose
nephr/o	kidney	sarc/o	flesh
neur/o	nerve	splen/o	spleen
neutr/o	neutrophil (a white blood cell)	staphyl/o	clusters
nucle/o	nucleus	strept/o	twisted chains
ophthalm/o	eye	thorac/o	chest
		thromb/o	clot
		tonsill/o	tonsils
		trache/o	trachea (windpipe)
		ven/o	vein



Larynx and Other Parts of the Body Ending in x

coccy**x** = tailbone

laryn**x** = voice box

pharyn**x** = throat

phalan**x** = finger or toe

To make combining forms for parts of the body that end in x, **substitute g for x**:

coccy**g**/o

laryn**g**/o

pharyn**g**/o

phalang**g**/o



SUFFIXES AND TERMINOLOGY

NOUN SUFFIXES

The following list includes common noun suffixes. After the meaning of each suffix, terminology illustrates the use of the suffix in various words. Recall the basic rule for building a medical term: Use a combining vowel, such as *o*, to connect the root to the suffix. However, drop the combining vowel if the suffix begins with a vowel—for example, **gastr/itis**, *not* “gastr/o/itis.”

Beginning on page 84, more detail is given about specific terms. This section, called **A Closer Look**, will give you a fuller understanding of the terminology.

SUFFIX	MEANING	TERMINOLOGY	MEANING
-algia	pain	arthralgia _____ otalgia _____ neuralgia _____ myalgia _____	
-cele	hernia (see A Closer Look , page 84)	rectocele _____ cystocele _____	
-centesis	surgical puncture to remove fluid	thoracentesis _____ <i>Notice that this term is shortened from thoracocentesis.</i> amniocentesis _____ <i>The amnion is the sac (membrane) surrounding the embryo (fetus after the 8th week) in the uterus. Fluid accumulates within the amnion and may be withdrawn for analysis between the 12th and 18th weeks of pregnancy. See Figure 3-1.</i> abdominocentesis _____ <i>This procedure is more commonly known as abdominal paracentesis (para- means beside or near). A tube is placed through an incision in the abdomen and fluid is removed from the peritoneal cavity (beside the abdominal organs).</i>	
-coccus (singular) -cocci (plural)	berry-shaped bacterium (plural: bacteria)	streptococcus _____ <i>See A Closer Look: Streptococcus, page 84.</i> staphylococci _____ <i>(stăf-ĭ-lō-KŌK-sī) Microbiologists often refer to bacteria in clusters as “staph” (staphylococci).</i>	



Formation of Plurals

Words ending in **-us** commonly form their plural by dropping **-us** and adding **-i**. Other examples of **-us** plural formation follow:

nucle**us** → nuclei

bronch**us** → bronchi

thromb**us** → thrombi

See Appendix I at the end of the book, page 981, for additional information about plural formation.

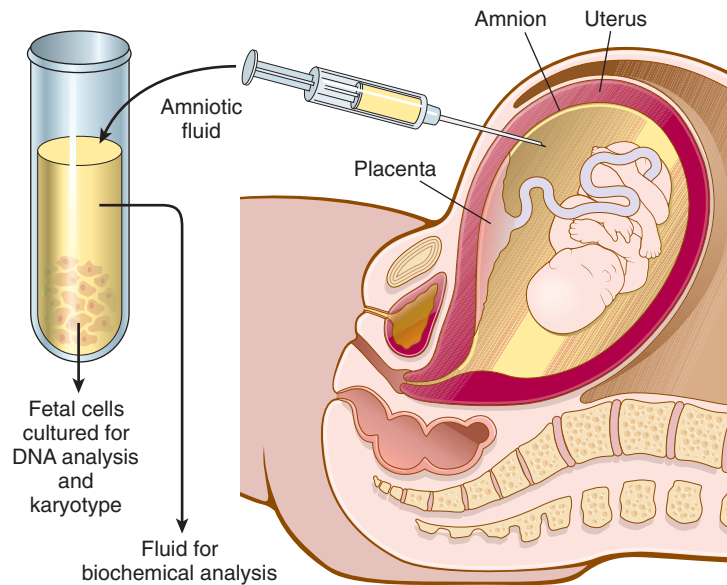



FIGURE 3-1 Amniocentesis. Under ultrasound guidance (using imaging based on high-frequency sound waves), the physician inserts a needle through the uterine wall and amnion, into the amniotic cavity. Amniotic fluid, containing fetal cells, is withdrawn and grown (cultured) for microscopic analysis. A karyotype is made to study chromosomes and fluid is examined for high levels of chemicals that indicate defects in the spinal cord of the fetus.

SUFFIX	MEANING	TERMINOLOGY	MEANING
-cyte	cell	erythrocyte _____ <i>See A Closer Look: Blood Cells, page 85.</i> leukocyte _____ thrombocyte _____	
-dynia	pain	pleurodynia _____ <i>Pain in the chest wall muscles that is aggravated by breathing.</i>	
-ectomy	excision, removal, resection	laryngectomy _____ mastectomy _____	
-emia	blood condition	anemia  _____ ischemia _____ <i>Literally to hold back (isch/o) blood (-emia) from a part of the body or tissue. Because of a decrease in blood supply (blood clot in a vessel or narrowing and closing off of a vessel), tissue becomes ischemic and can even die because it becomes deprived of oxygen.</i>	



Anemia

While anemia literally means “no blood,” it is actually a condition marked by **reduction** in the number of erythrocytes or in the amount of hemoglobin in blood. Examples of types of anemias are:

- **iron deficiency anemia** (iron is needed to make hemoglobin)
- **sickle cell anemia** (erythrocytes assume an abnormal sickle shape and clog blood vessels)
- **aplastic anemia** (erythrocytes, leukocytes, and thrombocytes are not formed in bone marrow)

SUFFIX	MEANING	TERMINOLOGY	MEANING
-genesis	condition of producing, forming	carcinogenesis _____ pathogenesis _____ angiogenesis _____	
-gram	record	electroencephalogram _____ mammogram _____	
-graph	instrument for recording	electroencephalograph _____	
-graphy	process of recording	electroencephalography _____ angiography _____	
-itis	inflammation	bronchitis _____ myelitis _____ <i>Myel/o means spinal cord in this term.</i> tonsillitis _____ <i>Tonsils (notice the spelling with one letter, whereas the combining form has a double letter) are lymphatic tissue in the back of the throat. See Figure 3-2.</i> thrombophlebitis _____ <i>Also called phlebitis.</i>	
-logy	study of	ophthalmology _____ morphology _____	
-lysis	breakdown, destruction, separation	hemolysis _____ <i>Breakdown of red blood cells with release of hemoglobin.</i>	
-malacia	softening	osteomalacia _____ chondromalacia _____	

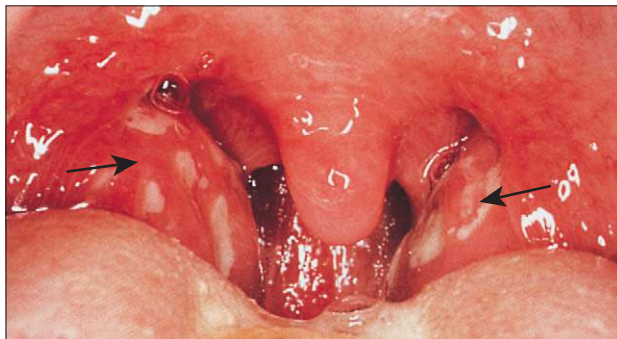


FIGURE 3-2 Tonsillitis. This shows streptococcal tonsillitis with intense erythema (redness) of the tonsils (see arrows) and a creamy-yellow exudate (pus containing leukocytes and bacteria). Normally, tonsils contain lymphocytes that fight bacteria. When they become infected and inflamed, **tonsillectomy** may be necessary.

SUFFIX	MEANING	TERMINOLOGY	MEANING
-megaly	enlargement	acromegaly _____ <i>See A Closer Look: Acromegaly, page 86.</i>	
		splenomegaly _____ <i>See A Closer Look: Splenomegaly, page 86.</i>	
-oma	tumor, mass, collection of fluid	myoma _____ <i>A benign tumor.</i>	
		myosarcoma _____ <i>A malignant tumor. Muscle is a type of flesh (sarc/o) tissue.</i>	
		multiple myeloma _____ <i>Myel/o means bone marrow in this term. This malignant tumor occurs in bone marrow tissue throughout the body.</i>	
		hematoma _____	
-opsy	to view	biopsy _____	
		necropsy _____ <i>This is an autopsy or postmortem examination.</i>	
-osis	condition, usually abnormal	necrosis _____	
		hydronephrosis _____	
		leukocytosis _____	
-pathy	disease condition	cardiomyopathy _____ <i>Primary disease of the heart muscle in the absence of a known underlying etiology (cause).</i>	
-penia	deficiency	erythropenia _____	
		neutropenia _____ <i>In this term, neutr/o indicates neutrophil (a type of white blood cell).</i>	
		thrombocytopenia _____	
-phobia	fear	acrophobia _____ <i>Fear of heights. Acr/o means extremities, in the sense of extreme or far points.</i>	
		agoraphobia _____ <i>An anxiety disorder marked by fear of venturing out into a crowded place. Agora means marketplace.</i>	



FIGURE 3-3 Achondroplasia. A boy with achondroplasia. His abnormalities include short stature with normal length of the trunk, short limbs and fingers, bowed legs, prominent forehead, and depressed nasal bridge. (Courtesy of A.E. Chudley, MD, Section of Genetics and Metabolism, Department of Pediatrics and Child Health, Children's Hospital, Winnipeg, Manitoba, Canada.)

SUFFIX	MEANING	TERMINOLOGY	MEANING
- plasia	development, formation, growth	achondro plasia _____ <i>This is an inherited disorder or can be the result of a mutation (change) in a specific gene. Bones of the arms and legs do not grow to normal size because of a defect in cartilage and bone formation. Dwarfism results, marked by short limbs, but normal-sized head and trunk and normal intelligence. See Figure 3-3.</i>	
- plasty	surgical repair	angiob plasty _____ <i>An interventional cardiologist opens a narrowed blood vessel (artery) using a balloon that is inflated after insertion into the vessel. Stents, or slotted tubes, are then put in place to keep the artery open.</i>	
- ptosis	drooping, falling, prolapse	blepharob ptosis _____ <i>Physicians use ptosis (TŌ-sīs) alone to indicate drooping of the upper eyelids or the breasts. See Figure 3-4.</i>	
- sclerosis	hardening	arterioscler osis _____ <i>In atherosclerosis (a form of arteriosclerosis), deposits of fat (ather/o means fatty material) collect in an artery.</i>	



FIGURE 3-4 Ptosis of the upper eyelid (blepharoptosis). This condition may be congenital (appear at birth), can occur with aging, or may be associated with stroke (cerebrovascular accident), cranial nerve damage, and other neurologic disorders. The eyelid droops because of muscle weakness.

SUFFIX	MEANING	TERMINOLOGY	MEANING
-scope	instrument for visual examination	lapar <u>scope</u> _____	
-scopy	process of visual examination (with an endoscope)	lapar <u>scopy</u> _____ <i>See A Closer Look: Laparoscopy, page 87.</i>	
-stasis	controlling, stopping	metastasis _____ <i>Meta- means beyond. A metastasis is the spread of a malignant tumor beyond its original site to a secondary organ or location.</i>	
		hemostasis 🚫 _____ <i>Blood flow is stopped naturally by clotting or artificially by compression or suturing of a wound.</i>	
-stomy	opening to form a mouth (stoma)	colostomy _____ tracheostomy _____	
-therapy	treatment	hydrotherapy _____ chemotherapy _____ radiotherapy _____ <i>High-energy radiation is used to treat, not diagnose, illness.</i>	
-tomy	incision, cutting into	laparotomy _____ <i>Also referred to as a "lap," this procedure is creation of a large incision into the peritoneal cavity, often performed on an exploratory basis.</i> phlebotomy _____ tracheotomy _____ <i>See A Closer Look: Tracheotomy, page 88.</i>	




FIGURE 3-5 Hemostat.

**Hemostasis and Ischemia**

Hemostasis is the control of blood loss after injury or during surgery. A **hemostat** is a surgical clamp (Figure 3-5.) **Ischemia** occurs when blood flow to tissues is not sufficient. This condition deprives cells of oxygen and, if not reversed, leads to tissue death.

SUFFIX	MEANING	TERMINOLOGY	MEANING
-trophy	development, nourishment	<u>hypertrophy</u> _____ <i>Cells increase in size, not number. Muscles of weight lifters often hypertrophy (hĭ-PĒR-trō-fē).</i>	
		<u>atrophy</u> _____ <i>Cells decrease in size. Muscles atrophy when immobilized in a cast and not in use.</i>	

The following are shorter noun suffixes that usually are attached to roots in words.

SUFFIX	MEANING	TERMINOLOGY	MEANING
-er	one who	<u>radiographer</u> _____ <i>A technologist who assists in the making of diagnostic x-ray pictures.</i>	
-ia	condition	<u>leukemia</u>  _____ <u>pneumonia</u> _____	
-ist	specialist	<u>nephrologist</u> _____	
-ole	little, small	<u>arteriole</u> _____ <i>See Figure 3-6.</i>	
-ule	little, small	<u>venule</u> _____ <i>See Figure 3-6.</i>	
-um, -ium	structure, tissue	<u>pericardium</u> _____ <i>This membrane surrounds the heart.</i>	

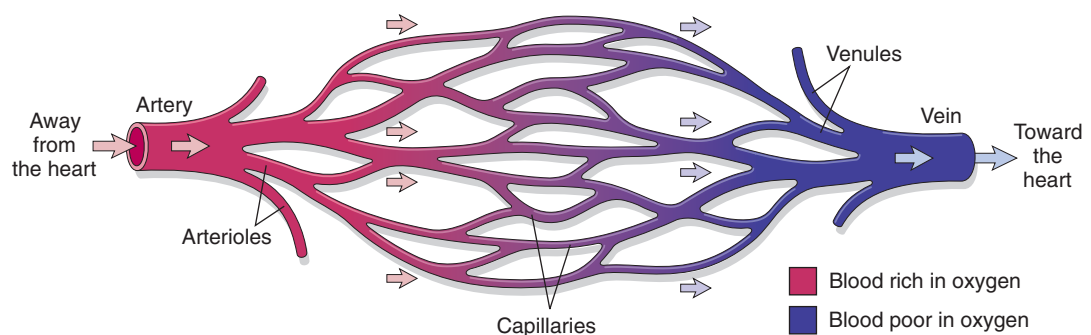


FIGURE 3-6 Relationship of blood vessels. An **artery** carries blood rich in oxygen from the heart to the organs of the body. In the organs, the artery narrows to form **arterioles** (small arteries) that branch into **capillaries** (the smallest blood vessels). Through the thin walls of capillaries, oxygen leaves the blood and enters cells. Thus, the capillaries branching into **venules** (small veins) carry blood poor in oxygen. Venules lead to a vein that brings oxygen-poor blood back to the heart.



Leukemia and Lymphoma

Leukemia is a malignancy of white blood cells, such as **granulocytes**, that derive from bone marrow (**myeloid**) tissue. An example of a type of leukemia is acute myelogenous leukemia (AML). **Lymphoma** is also a malignancy of white blood cells (**lymphocytes**) that arise in **lymphoid** tissue, such as lymph nodes. Examples of lymphomas are Hodgkin disease and non-Hodgkin lymphoma.

SUFFIX	MEANING	TERMINOLOGY	MEANING
-us	structure, substance	mucus _____ esophagus _____ <i>Eso- means within or inward.</i>	
-y	condition, process	nephropathy _____	

ADJECTIVE SUFFIXES

The following are adjective suffixes. No simple rule will explain which suffix meaning “pertaining to” is used with a specific combining form. Concentrate on identifying the suffix in each term, then write the meaning of the term.

SUFFIX	MEANING	TERMINOLOGY	MEANING
-ac, -iac	pertaining to	cardiac _____	
-al	pertaining to	peritoneal _____ inguinal _____ pleural _____	
-ar	pertaining to	tonsillar _____	
-ary	pertaining to	pulmonary _____ axillary _____	
-eal	pertaining to	laryngeal _____	
-genic	pertaining to producing, produced by or in	carcinogenic _____ osteogenic _____ <i>An osteogenic sarcoma is a malignant tumor produced in bone.</i>	
-ic, -ical	pertaining to	chronic _____ <i>Acute is the opposite of chronic. It describes a disease that is of rapid onset and has severe symptoms and brief duration.</i> pathologic _____	
-oid	resembling, derived from	adenoids _____ <i>See A Closer Look: Adenoids, page 88</i> mucoid _____	
-ose	pertaining to, full of	adipose _____	
-ous	pertaining to	mucous membrane _____ <i>Mucous (an adjective) membranes produce the sticky secretion called mucus (a noun).</i>	
-tic	pertaining to	necrotic _____	



A CLOSER LOOK

HERNIA

A **hernia** is protrusion of an organ or the muscular wall of an organ through the cavity that normally contains it. A **hiatal hernia** occurs when the stomach protrudes upward into the mediastinum through the esophageal opening in the diaphragm, and an **inguinal hernia** occurs when part of the intestine protrudes downward into the groin region and commonly into the scrotal sac in the male. A **cystocele** occurs when part of the urinary bladder herniates through the vaginal wall as a result of weakness of the pelvic muscles (Figure 3-7). A **rectocele** is the protrusion of a portion of the rectum toward the vagina (Figure 3-7). An **omphalocele** (omphal/o = umbilicus, navel) is a herniation of the intestines through a weakness in the abdominal wall around the navel occurring in infants at birth.

STREPTOCOCCUS

Streptococcus, a berry-shaped bacterium, grows in twisted chains. One group of **streptococci** causes such conditions as “strep throat,” tonsillitis, rheumatic fever, and certain kidney ailments, whereas another group causes infections in teeth, in the sinuses (cavities) of the nose and face, and in the valves of the heart.

Staphylococci, other berry-shaped bacteria, grow in small clusters like grapes. Staphylococcal lesions may be external (skin abscesses, boils, styes) or internal (abscesses in bone and kidney). An **abscess** is a collection of pus, white blood cells, and protein that is present at the site of infection. **MRSA** (methicillin-resistant *Staphylococcus aureus*) is a serious staphylococcal condition that is difficult to treat with antibiotics.

Examples of **diplococci** (berry-shaped bacteria organized in pairs; dipl/o = two) are **pneumococci** (pneum/o = lungs) and **gonococci** (gon/o = seed). Pneumococci cause bacterial pneumonia, and gonococci invade the reproductive organs, causing gonorrhea (a sexually transmitted infection). Figure 3-8 illustrates the different growth patterns of streptococci, staphylococci, and diplococci.

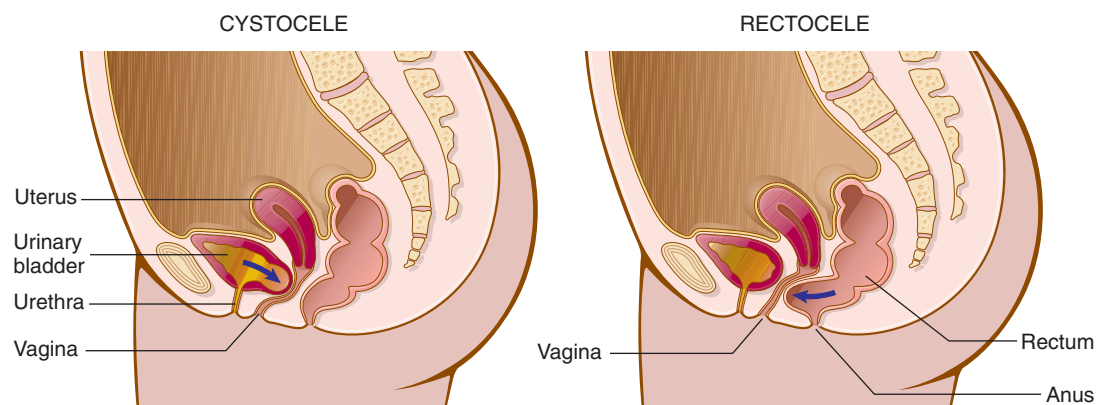


FIGURE 3-7 Hernias: cystocele and rectocele. Arrows point to the areas of herniation. In a cystocele a portion of the urinary bladder herniates posteriorly toward the vagina. In a rectocele a portion of the rectum herniates anteriorly toward the vagina.

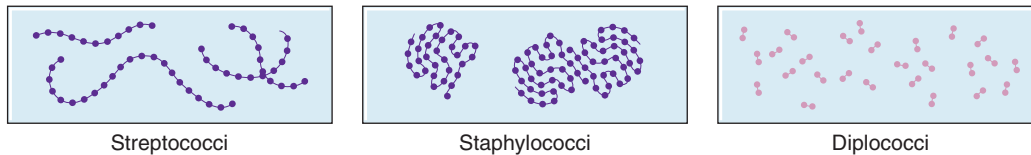


FIGURE 3-8 Types of coccal bacteria. Notice the berry or rounded shape of each bacterium. Streptococci and staphylococci are **gram-positive bacteria**, meaning that they retain the light purple color of the stain used in Gram's method (named for Hans C.J. Gram, Danish physician, 1853-1938.) **Gram-negative bacteria (such as diplococci) have the pink color of the counterstain (safranin) used in Gram's method.**

BLOOD CELLS

Study Figure 3-9 as you read the following, to note the differences among the three different types of cells in the blood.

Erythrocytes, or red blood cells, are the first type. These cells are made in the bone marrow (soft tissue in the center of certain bones). They carry oxygen from the lungs through the blood to all body cells. Body cells use oxygen to burn food and release energy (catabolism). **Hemoglobin** (globin = protein), an important protein in erythrocytes, carries the oxygen through the bloodstream.

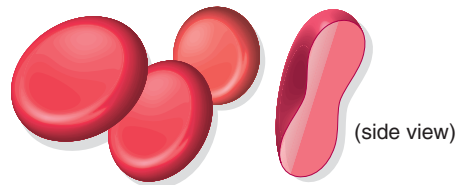
Leukocytes, or white blood cells, are the second type. There are five different kinds of leukocytes: three granulocytes, or polymorphonuclear cells, and two mononuclear cells.

- **Granulocytes**, or polymorphonuclear cells, contain dark-staining granules in their cytoplasm and have a multilobed nucleus. They are formed in the bone marrow, and there are three types:
 1. **Eosinophils** (granules stain red [eosin/o = rosy] with acidic stain) are active and increased in number in allergic conditions such as asthma. About 3% of leukocytes are eosinophils.
 2. **Basophils** (granules stain blue with basic [bas/o = basic] stain). The function of basophils is not clear, but the number of these cells increases in the healing phase of inflammation. Less than 1% of leukocytes are basophils.
 3. **Neutrophils** (granules stain a pale purple with neutral stain) are important disease-fighting cells. They are **phagocytes** (phag/o = eating, swallowing)—they engulf and digest bacteria. They are the most numerous disease-fighting “soldiers” (50% to 60% of leukocytes are neutrophils) and are referred to as “polys” or **polymorphonuclear leukocytes** (poly = many, morph/o = shape) because of their multilobed nucleus.
- **Mononuclear leukocytes (agranulocytes)** have one large nucleus and only a few granules in their cytoplasm. They are produced in bone marrow as well as in lymph nodes and the spleen. There are two types of mononuclear leukocytes (see Figure 3-9):
 4. **Lymphocytes** (lymph cells) fight disease by producing antibodies, thereby destroying foreign cells. They also may attach directly to foreign cells and destroy them. Two types of lymphocytes are T cells and B cells. About 32% of leukocytes are lymphocytes. In AIDS (acquired immunodeficiency syndrome), patients have a serious depletion of T lymphocytes (T cells).
 5. **Monocytes** (cells with one [mon/o = one] very large nucleus) engulf and destroy cellular debris after neutrophils have attacked foreign cells. Monocytes leave the bloodstream and enter tissues (such as lung and liver) to become **macrophages**, which are large phagocytes. Monocytes make up about 4% of all leukocytes.

Thrombocytes or **platelets** (clotting cells) are the third type of blood cell. These are actually tiny fragments of cells formed in the bone marrow and are necessary for blood clotting.

ERYTHROCYTES

(no nucleus;
contain hemoglobin)

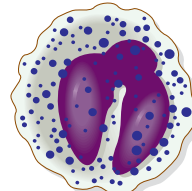


LEUKOCYTES

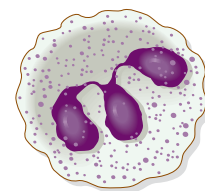
Granulocytes



1. **Eosinophil**
(granules stain red)

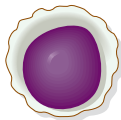


2. **Basophil**
(granules stain blue)

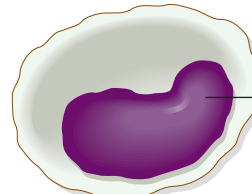


3. **Neutrophil**
(granules stain pale purple;
polymorphonuclear leukocyte,
or poly)

Mononuclears (agranulocytes)



4. **Lymphocyte**



One large nucleus

5. **Monocyte**

THROMBOCYTES

(platelets)

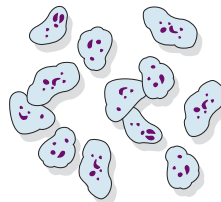


FIGURE 3-9 Types of blood cells. Here's an easy way to remember the names of the five leukocytes:

Never (neutrophil)
Let (lymphocyte)
Monkeys (monocyte)
Eat (eosinophil)
Bananas (basophil)

ACROMEGALY

Acromegaly is an endocrine disorder. It occurs when the **pituitary gland**, attached to the base of the brain, produces an excessive amount of growth hormone *after* the completion of puberty. The excess growth hormone most often results from a benign tumor of the pituitary gland. A person with acromegaly typically is of normal height because the long bones have stopped growth after puberty, but bones and soft tissue in the hands, feet, and face grow abnormally (Figure 3-10). Abraham Lincoln was believed to have features of acromegaly. See Chapter 18, Endocrine System, page 747.

SPLENOMEGALY

The spleen is an organ in the left upper quadrant (LUQ) of the abdomen (below the diaphragm and to the side of the stomach). Composed of lymph tissue and blood vessels, it disposes of dying red blood cells and manufactures white blood cells (lymphocytes) to fight



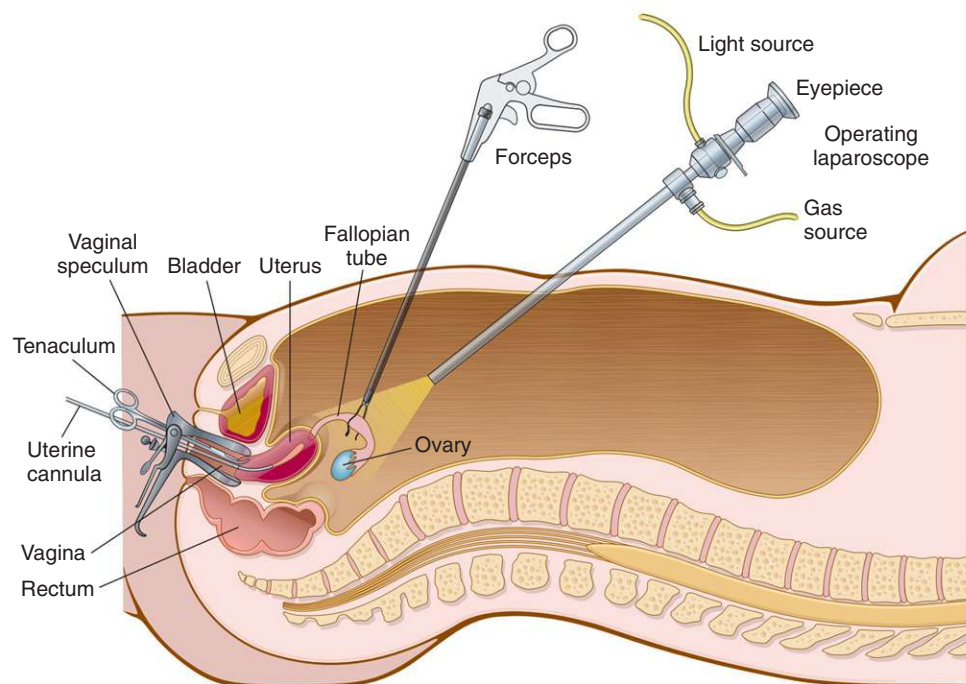
FIGURE 3-10 Acromegaly. Notice the changes in facial features (shape of face, protruding nose, jaw and brow) of my grandmother, Bessie Brandwein, at **A**, age 20; **B**, age 40; **C**, age 70; and **D**, age 85.

disease. Splenomegaly occurs with development of high blood pressure in hepatic veins (portal hypertension) and hemolytic blood diseases (anemias involving excessive destruction or lysis of red blood cells). If the spleen is removed (**splenectomy**), other organs carry out its functions.

LAPAROSCOPY

Laparoscopy (a form of **minimally invasive surgery**) is visual examination of the abdominal cavity using a laparoscope. A surgeon inserts the laparoscope, a lighted telescopic instrument, through an incision in the abdomen near the navel. Then, gas (carbon dioxide) is infused into the peritoneal cavity, to separate and prevent injury to abdominal structures during surgery. Surgeons use laparoscopy to examine abdominal viscera for evidence of disease (performing biopsies) or for procedures such as removal of the appendix, gallbladder, adrenal gland, spleen, or ovary, colon resection, and repair of hernias. The laparoscope contains an instrument to clip and collapse the fallopian tubes (tubal ligation), which prevents sperm cells from reaching eggs that leave the ovary (Figure 3-11).

FIGURE 3-11 Laparoscopy for tubal ligation (interruption of the continuity of the fallopian tubes) as a means of preventing future pregnancy. The **tenaculum** grasps the cervix. The **vaginal speculum** keeps the vaginal cavity open. The **uterine cannula** is a tube placed into the uterus to manipulate the uterus during the procedure. **Forceps**, placed through the laparoscope, grasp or move tissue.



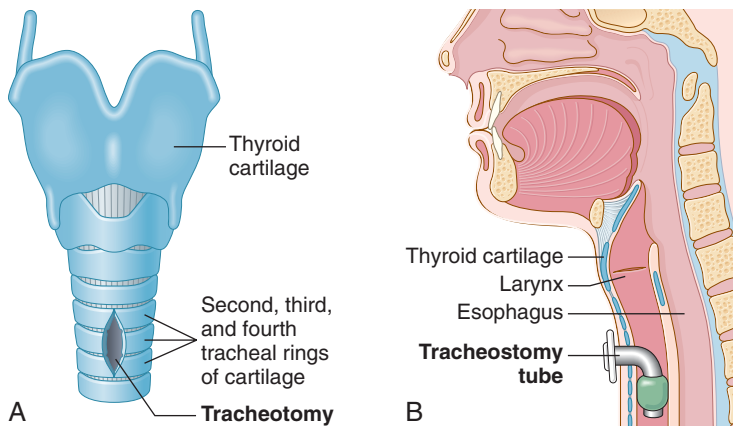


FIGURE 3-12 A, Tracheotomy. B, Tracheostomy.

TRACHEOTOMY

A **tracheotomy** is an incision into the trachea to open it below a blockage. Tracheotomy may be performed to remove a foreign body or to obtain a biopsy specimen (Figure 3-12A).

A **tracheostomy** is an opening into the trachea through which an indwelling tube is inserted. The tube is required to allow air to flow into the lungs or to help remove secretions (mucus) from the bronchial tubes. When a temporary tracheostomy is performed, extreme care is used to insert the tracheostomy tube below the larynx so that the vocal cords are not damaged (Figure 3-12B).

ADENOIDS

The **adenoids** are small masses of lymphatic tissue in the part of the pharynx (throat) near the nose and nasal passages. The literal meaning, “resembling glands,” is appropriate because they are neither endocrine nor exocrine glands. Enlargement of adenoids may cause blockage of the airway from the nose to the pharynx, and adenoidectomy may be advised. The tonsils also are lymphatic tissue, and their location as well as that of the adenoids is indicated in Figure 3-13.

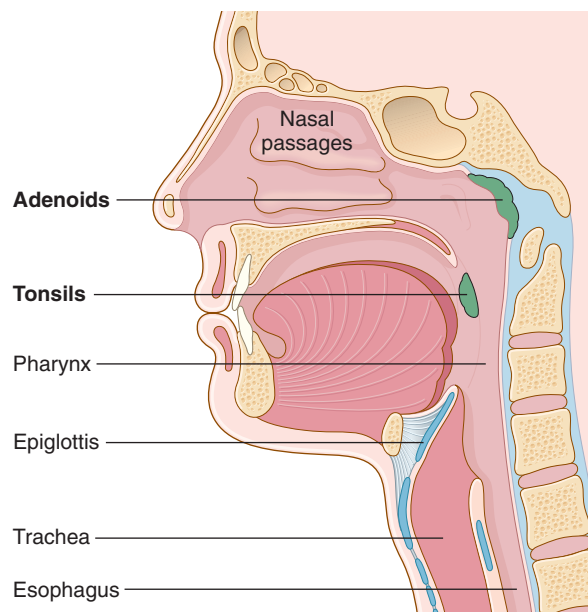


FIGURE 3-13 Adenoids and tonsils. The adenoids and tonsils are lymphatic tissue in the pharynx (throat).



PRACTICAL APPLICATIONS

A CASE STUDY: OMPHALOCELE

Baby Joel was born with a giant omphalocele. This is a herniation of intra-abdominal viscera. Usually babies with large omphaloceles have surgery right after birth, but Joel's parents were advised to wait until the abdominal muscles had grown large enough to close over the hernia.

For seven and a half months, Joel's parents covered the omphalocele with bacteriostatic burn cream to protect and toughen the sac. Then they covered it in gauze and foam supports. An ace bandage was wrapped around to push the omphalocele contents back into the abdomen. This procedure is known as "paint and wait."

Surgery was performed at 7.5 months to permanently repair the herniation. Baby Joel has had no further complications.



PROCEDURES

Choose the correct diagnostic or treatment procedure for each of the numbered definitions. Answers are on page 99.

amniocentesis
angiography
angioplasty

colostomy
laparoscopy
laparotomy

mastectomy
paracentesis

thoracentesis
tonsillectomy

1. removal of abdominal fluid from the peritoneal space _____
2. large abdominal incision to remove an ovarian adenocarcinoma _____
3. removal of the breast _____
4. a method used to determine the karyotype of a fetus _____
5. surgical procedure to remove pharyngeal lymphatic tissue _____
6. surgical procedure to open clogged coronary arteries _____
7. method of removing fluid from the chest (pleural effusion) _____
8. procedure to drain feces from the body after bowel resection _____
9. x-ray procedure used to examine blood vessels before surgery _____
10. minimally invasive surgery within the abdomen _____



EXERCISES

Remember to check your answers carefully with the Answers to Exercises on pages 98 and 99.

A Give the meanings for the following suffixes.

- | | |
|------------------|--------------------|
| 1. -cele _____ | 7. -ectomy _____ |
| 2. -emia _____ | 8. -centesis _____ |
| 3. -coccus _____ | 9. -genesis _____ |
| 4. -gram _____ | 10. -graph _____ |
| 5. -cyte _____ | 11. -itis _____ |
| 6. -algia _____ | 12. -graphy _____ |

B Using the combining forms and your knowledge of suffixes, build medical terms for the following definitions.

amni/o
angi/o
arthr/o
bronch/o
carcin/o

cyst/o
isch/o
laryng/o
mast/o
my/o

myel/o
staphyl/o
strept/o
thorac/o

1. hernia of the urinary bladder _____
2. pain of muscle _____
3. process of producing cancer _____
4. inflammation of the spinal cord _____
5. berry-shaped bacteria in twisted chains _____
6. surgical puncture to remove fluid from the chest _____
7. removal of the breast _____
8. inflammation of the tubes leading from the windpipe to the lungs _____
9. to hold back blood from cells _____
10. process of recording (x-ray) blood vessels _____
11. visual examination of joints _____
12. berry-shaped bacteria in clusters _____
13. resection of the voice box _____
14. surgical procedure to remove fluid from the sac around a fetus _____

C Match the following terms, which describe blood cells, with their meanings below.

basophil
eosinophil
erythrocyte

lymphocyte
monocyte

neutrophil
thrombocyte

1. granulocytic white blood cell (granules stain purple) that destroys foreign cells by engulfing and digesting them; also called a polymorphonuclear leukocyte _____
2. mononuclear white blood cell that destroys foreign cells by making antibodies _____
3. clotting cell; also called a platelet _____
4. leukocyte with reddish staining granules and numbers elevated in allergic reactions _____
5. red blood cell _____
6. mononuclear white blood cell that engulfs and digests cellular debris; contains one large nucleus _____
7. granulocytic white blood cell that increases during the healing phase of inflammation _____

D Give the meanings of the following suffixes.

- | | |
|-------------------|----------------------|
| 1. -logy _____ | 8. -megaly _____ |
| 2. -lysis _____ | 9. -oma _____ |
| 3. -pathy _____ | 10. -opsy _____ |
| 4. -penia _____ | 11. -plasia _____ |
| 5. -malacia _____ | 12. -plasty _____ |
| 6. -osis _____ | 13. -sclerosis _____ |
| 7. -phobia _____ | 14. -stasis _____ |

E Using the combining forms below and your knowledge of suffixes, build medical terms for the following definitions.

acr/o

arteri/o

bi/o

blephar/o

cardi/o

chondr/o

hem/o

hydr/o

morph/o

my/o

myel/o

phleb/o

rhin/o

sarc/o

splen/o

1. enlargement of the spleen _____
2. study of the shape (of cells) _____
3. softening of cartilage _____
4. abnormal condition of water (fluid) in the kidney _____
5. disease condition of heart muscle _____
6. hardening of arteries _____
7. tumor (benign) of muscle _____
8. flesh tumor (malignant) of muscle _____
9. surgical repair of the nose _____
10. tumor of bone marrow _____
11. fear of heights _____
12. view of living tissue under a microscope _____
13. stoppage of the flow of blood (by mechanical or natural means) _____
14. inflammation of the eyelid _____
15. incision of a vein _____

F Give the plural formations of the following terms:

- | | |
|---------------------|------------------------|
| 1. bacterium _____ | 4. streptococcus _____ |
| 2. metastasis _____ | 5. nucleus _____ |
| 3. vertebra _____ | 6. prognosis _____ |

G Match the following terms with their meanings.

achondroplasia
acromegaly
atrophy
chemotherapy

colostomy
hydrotherapy
hypertrophy
laparoscope

laparoscopy
metastasis
necrosis
osteomalacia

1. treatment using drugs _____
2. condition of death (of cells) _____
3. softening of bone _____
4. opening of the large intestine to the outside of the body _____
5. no development; shrinkage of cells _____
6. beyond control; spread of a cancerous tumor to another organ _____
7. instrument to visually examine the abdomen _____
8. enlargement of extremities; an endocrine disorder that causes excess growth hormone to be produced by the pituitary gland after puberty _____
9. condition of improper formation of cartilage in the embryo that leads to short bones and dwarfism _____
10. process of viewing the peritoneal (abdominal) cavity _____
11. treatment using water _____
12. excessive development of cells (increase in size of individual cells) _____

H Give the meanings of the following suffixes.

- | | |
|------------------|-------------------|
| 1. -ia _____ | 7. -um _____ |
| 2. -trophy _____ | 8. -ule _____ |
| 3. -stasis _____ | 9. -y _____ |
| 4. -stomy _____ | 10. -oid _____ |
| 5. -tomy _____ | 11. -genic _____ |
| 6. -ole _____ | 12. -ptosis _____ |

- I** Using the lists of combining forms and suffixes below, build medical terms for the following definitions.

COMBINING FORMS

arteri/o	pleur/o
lapar/o	pneumon/o
mamm/o	radi/o
nephr/o	ven/o

SUFFIXES

-dynia	-ole	-therapy
-ectomy	-pathy	-tomy
-gram	-plasty	-ule
-ia	-scopy	

1. incision of the abdomen _____
2. process of visual examination of the abdomen _____
3. a small artery _____
4. condition of the lungs _____
5. treatment using x-rays _____
6. record (x-ray film) of the breast _____
7. pain of the chest wall and the membranes surrounding the lungs _____
8. a small vein _____
9. disease condition of the kidney _____
10. surgical repair of the breast _____

- J** Underline the suffix in the following terms, and give the meaning of the entire term.

1. laryngeal _____
2. inguinal _____
3. chronic _____
4. pulmonary _____
5. adipose _____
6. peritoneal _____
7. axillary _____
8. necrotic _____
9. mucoid _____
10. mucous _____
11. agoraphobia _____
12. esophagus _____

K Select from the following terms relating to blood and blood vessels to complete the sentences below.

anemia
angioplasty
arterioles
hematoma

hemolysis
hemostasis
ischemia
leukemia

leukocytosis
multiple myeloma
thrombocytopenia
venules

1. Billy was diagnosed with excessively high numbers of cancerous white blood cells, or _____. His doctor prescribed chemotherapy and expected an excellent prognosis.
2. Mr. Clark's angiogram showed that he had serious atherosclerosis of one of the arteries supplying blood to his heart. His doctor recommended that _____ would be helpful to open up his clogged artery by threading a catheter (tube) through his artery and opening a balloon at the end of the catheter to widen the artery.
3. Mrs. Jackson's blood count showed a reduced number of red blood cells, indicating _____. Her erythrocytes were being destroyed by _____.
4. Doctors refused to operate on Joe because of his low platelet count, a condition called _____.
5. Blockage of an artery leading to Mr. Stein's brain led to the holding back of blood flow to nerve tissue in his brain. This condition, called _____, could lead to necrosis of tissue and a cerebrovascular accident.
6. Small arteries, or _____, were broken under Ms. Bein's scalp when she was struck on the head with a rock. She soon developed a mass of blood, a/an _____, under the skin in that region of her head.
7. Sarah Jones had a staphylococcal infection, causing elevation of her white blood cell count, known as _____. She was treated with antibiotics and her blood count returned to normal.
8. Within the body, the bone marrow (soft tissue within bones) is the "factory" for making blood cells. Mr. Scott developed _____, a malignant condition of the bone marrow cells in his hip, upper arm, and thigh bones.
9. During operations, surgeons use clamps to close off blood vessels and prevent blood loss. In this way, they maintain _____ and avoid blood transfusions.
10. Small vessels that carry blood toward the heart from capillaries and tissues are _____.

L Complete the medical term for the following definitions.

DEFINITION

1. membrane surrounding the heart
2. hardening of arteries
3. enlargement of the liver
4. new opening of the windpipe to the outside of the body
5. inflammation of the tonsils
6. surgical puncture to remove fluid from the abdomen
7. muscle pain
8. pertaining to the membranes surrounding the lungs
9. study of the eye
10. berry-shaped (spheroidal) bacteria in clusters
11. beyond control (spread of a cancerous tumor)
12. pertaining to the voice box

MEDICAL TERM

peri _____

arterio _____

hepato _____

tracheo _____

_____ itis

abdomino _____

my _____

_____ al

_____ logy

_____ cocci

meta _____

_____ eal

M Select from the meanings in Column II to match the suffixes in Column I. Write each meaning in the space provided.

COLUMN I

Suffixes: Conditions

1. -algia or -dynia _____
2. -cele _____
3. -megaly _____
4. -oma _____
5. -penia _____
6. -phobia _____
7. -plasia _____
8. -emia _____
9. -itis _____
10. -trophy _____
11. -stasis _____
12. -sclerosis _____
13. -lysis _____
14. -ptosis _____
15. -malacia _____

COLUMN II

Meanings

blood condition

controlling; stopping

deficiency

destruction; breakdown

development; nourishment

falling; drooping; prolapse

enlargement

fear

formation

hardening

hernia

inflammation

pain

softening

tumor; mass

- N** Select from the meanings in Column II to match the suffixes in Column I. Write each meaning in the space provided.

COLUMN I

Suffixes: Procedures

1. -centesis _____
2. -opsy _____
3. -ectomy _____
4. -tomy _____
5. -stomy _____
6. -therapy _____
7. -plasty _____
8. -scopy _____
9. -scope _____
10. -graphy _____
11. -gram _____
12. -graph _____

COLUMN II

Meanings

- excision
- incision
- instrument to record
- instrument to visually examine
- new opening
- process of recording
- process of visual examination
- record
- surgical puncture to remove fluid
- surgical repair
- to view
- treatment

- O** Circle the correct term to complete the following sentences.

1. Ms. Daley, who has nine children, visited her general practitioner because she was experiencing problems with urination. After examining her, the doctor found that her bladder was protruding into her vagina and told her she had a (**rectocele, cystocele, hiatal hernia**).
2. Susan coughed constantly for a week. Her physician told her that her chest x-ray examination showed evidence of pneumonia. Her sputum (material coughed up from the bronchial tubes) was found to contain (**ischemic, pleuritic, pneumococcal**) bacteria.
3. Mr. Manion went to see his family doctor because he couldn't keep his left upper eyelid from sagging. His doctor told him that he had a neurologic problem called Horner syndrome, characterized by (**necrosis, hydronephrosis, ptosis**) of his eyelid.
4. Jill broke her left arm in a fall while mountain biking. After 6 weeks in a cast to treat the fracture, her left arm was noticeably smaller and weaker than her right arm—the muscles had (**atrophied, hypertrophied, metastasized**). Her physician recommended physical therapy to strengthen the affected arm.
5. Ms. Brody was diagnosed with breast cancer. The first phase of her treatment included a (**nephrectomy, mastectomy, pulmonary resection**) to remove her breast and the tumor. After the surgery, her doctors recommended (**chemotherapy, radiotherapy, hydrotherapy**) using drugs such as doxorubicin (Adriamycin) and paclitaxel (Taxol).
6. At age 29, Kevin's facial features became coarser and his hands and tongue enlarged. After a head CT (computed tomography) scan, doctors diagnosed the cause of these changes as (**hyperglycemia, hyperthyroidism, acromegaly**), a slowly progressive endocrine condition involving the pituitary gland.
7. Each winter during "cold and flu season," Daisy developed (**chondromalacia, bronchitis, cardiomyopathy**). Her doctor prescribed antibiotics and respiratory therapy to help her recover.

8. After undergoing (**arthroscopy, laparotomy, radiotherapy**) on his knee, Alan noticed swelling and inflammation near the small incisions. Dr. Nicholas assured him that this was a common side effect of the procedure that would resolve spontaneously.
9. Under the microscope, Dr. Vance could see grape-like clusters of bacteria called (**eosinophils, streptococci, staphylococci**). She made the diagnosis of (**staphylococemia, eosinophilia, streptococemia**), and the patient was started on antibiotic therapy.
10. David enjoyed weight lifting, but he recently noticed a bulge in his right groin region. He visited his doctor, who made the diagnosis of (**hiatal hernia, rectocele, inguinal hernia**) and recommended surgical repair.

ANSWERS TO EXERCISES

A

- | | | |
|---------------------------|--------------------------------------|----------------------------------|
| 1. hernia | 5. cell | 9. process of producing, forming |
| 2. blood condition | 6. pain | 10. instrument to record |
| 3. berry-shaped bacterium | 7. removal, excision, resection | 11. inflammation |
| 4. record | 8. surgical puncture to remove fluid | 12. process of recording |

B

- | | | |
|---|-------------------------------------|-------------------|
| 1. cystocele | 6. thoracentesis or thoracocentesis | 11. arthroscopy |
| 2. myalgia ("myodynia" is not used) | 7. mastectomy | 12. staphylococci |
| 3. carcinogenesis | 8. bronchitis | 13. laryngectomy |
| 4. myelitis | 9. ischemia | 14. amniocentesis |
| 5. streptococci (<i>bacteria</i> is a plural term) | 10. angiography | |

C

- | | | |
|----------------|----------------|-------------|
| 1. neutrophil | 4. eosinophil | 6. monocyte |
| 2. lymphocyte | 5. erythrocyte | 7. basophil |
| 3. thrombocyte | | |

D

- | | | |
|---------------------------------------|----------------------------------|------------------------------------|
| 1. process of study | 6. condition, abnormal condition | 11. condition of formation, growth |
| 2. breakdown, separation, destruction | 7. fear of | 12. surgical repair |
| 3. process of disease | 8. enlargement | 13. hardening, to harden |
| 4. deficiency, less than normal | 9. tumor, mass | 14. to stop, control |
| 5. softening | 10. process of viewing | |

E

- | | | |
|-------------------|---------------------------------------|-----------------|
| 1. splenomegaly | 6. arteriosclerosis | 11. acrophobia |
| 2. morphology | 7. myoma | 12. biopsy |
| 3. chondromalacia | 8. myosarcoma | 13. hemostasis |
| 4. hydronephrosis | 9. rhinoplasty | 14. blepharitis |
| 5. cardiomyopathy | 10. myeloma (called multiple myeloma) | 15. phlebotomy |

F

- | | | |
|---------------|-----------------|--------------|
| 1. bacteria | 3. vertebrae | 5. nuclei |
| 2. metastases | 4. streptococci | 6. prognoses |

G

- | | | |
|-----------------|----------------|-------------------|
| 1. chemotherapy | 5. atrophy | 9. achondroplasia |
| 2. necrosis | 6. metastasis | 10. laparoscopy |
| 3. osteomalacia | 7. laparoscope | 11. hydrotherapy |
| 4. colostomy | 8. acromegaly | 12. hypertrophy |

H

- | | | |
|-----------------------------|-----------------------|--|
| 1. condition | 6. small, little | 10. resembling |
| 2. development, nourishment | 7. structure | 11. pertaining to producing, produced by or in |
| 3. to stop, control | 8. small, little | 12. falling, drooping, prolapse |
| 4. new opening | 9. condition, process | |
| 5. incision, cut into | | |

I

- | | | |
|---|-----------------|-----------------|
| 1. laparotomy | 5. radiotherapy | 8. venule |
| 2. laparoscopy | 6. mammogram | 9. nephropathy |
| 3. arteriole | 7. pleurodynia | 10. mammoplasty |
| 4. pneumonia (this condition is actually <i>pneumonitis</i>) | | |

J

- | | | |
|--|---|---|
| 1. laryngeal—pertaining to the voice box | 5. adipose—pertaining to (or full of) fat | 8. necrotic—pertaining to death |
| 2. inguinal—pertaining to the groin | 6. peritoneal—pertaining to the peritoneum (membrane around the abdominal organs) | 9. mucoid—resembling mucus |
| 3. chronic—pertaining to time (over a long period of time) | 7. axillary—pertaining to the armpit, under arm | 10. mucous—pertaining to mucus |
| 4. pulmonary—pertaining to the lung | | 11. agoraphobia—fear of open spaces (agora means marketplace) |
| | | 12. esophagus—tube leading from the throat to the stomach |

K

- | | | |
|----------------------|-------------------------|---------------------|
| 1. leukemia | 5. ischemia | 8. multiple myeloma |
| 2. angioplasty | 6. arterioles; hematoma | 9. hemostasis |
| 3. anemia; hemolysis | 7. leukocytosis | 10. venules |
| 4. thrombocytopenia | | |

L

- | | | |
|---------------------|--|-------------------|
| 1. pericardium | 6. abdominocentesis (this procedure also is known as paracentesis) | 9. ophthalmology |
| 2. arteriosclerosis | 7. myalgia | 10. staphylococci |
| 3. hepatomegaly | 8. pleural | 11. metastasis |
| 4. tracheostomy | | 12. laryngeal |
| 5. tonsillitis | | |

M

- | | | |
|----------------|------------------------------|---------------------------------|
| 1. pain | 6. fear | 11. controlling; stopping |
| 2. hernia | 7. formation | 12. hardening |
| 3. enlargement | 8. blood condition | 13. destruction; breakdown |
| 4. tumor; mass | 9. inflammation | 14. falling; drooping; prolapse |
| 5. deficiency | 10. development; nourishment | 15. softening |

N

- | | | |
|--------------------------------------|----------------------------------|-----------------------------------|
| 1. surgical puncture to remove fluid | 5. new opening | 9. instrument to visually examine |
| 2. to view | 6. treatment | 10. process of recording |
| 3. excision | 7. surgical repair | 11. record |
| 4. incision | 8. process of visual examination | 12. instrument to record |

O

- | | | |
|-----------------|-----------------------------|-----------------------------------|
| 1. cystocele | 5. mastectomy; chemotherapy | 8. arthroscopy |
| 2. pneumococcal | 6. acromegaly | 9. staphylococci; staphylococemia |
| 3. ptosis | 7. bronchitis | 10. inguinal hernia |
| 4. atrophied | | |

Answers to Practical Applications

- | | | |
|------------------|------------------|-----------------|
| 1. paracentesis | 5. tonsillectomy | 8. colostomy |
| 2. laparotomy | 6. angioplasty | 9. angiography |
| 3. mastectomy | 7. thoracentesis | 10. laparoscopy |
| 4. amniocentesis | | |



PRONUNCIATION OF TERMS

To test your understanding of the terminology in this chapter, write the meaning of each term in the space provided. In addition, you may wish to cover the terms and write them by looking at your definitions. Make sure your spelling is correct. The CAPITAL letters indicate the accented syllable. The page number after each term indicates where it is defined or used in the text, so you can check your responses. You will find complete definitions for all of these terms and their audio pronunciations on the Evolve site.

Pronunciation Guide

ā as in āpe	ă as in ăpple
ē as in ēven	ě as in ěvery
ī as in īce	ĩ as in ĩnterest
ō as in ōpen	ő as in pőt
ū as in ūnit	ű as in ūnder

TERM	PRONUNCIATION	MEANING
abdominocentesis (76)	ăb-dôm-ĩ-nô-sĕn-TĒ-sĭs	
achondroplasia (80)	ă-kôn-drô-PLĀ-zĕ-ă	
acromegaly (79)	ăk-rô-MĚG-ă-lĕ	
acrophobia (79)	ăk-rô-FŌ-bĕ-ă	
acute (83)	ă-KŪT	
adenoids (83)	ĂD-ĕ-noydz	
adipose (83)	Ă-dĭ-pôs	
agoraphobia (79)	ă-gôr-ă-FŌ-bĕ-ă	
amniocentesis (76)	ăm-nĕ-ô-sĕn-TĒ-sĭs	
anemia (77)	ă-NĒ-mĕ-ă	
angiogenesis (78)	ăn-jĕ-ô-JĚN-ĕ-sĭs	
angiography (78)	ăn-jĕ-ŌG-ră-fĕ	
angioplasty (80)	ăn-jĕ-ô-PLĀS-tĕ	
arteriole (82)	ăr-TĒR-ĕ-ol	
arteriosclerosis (80)	ăr-tĕ-rĕ-ô-sklĕ-RŌ-sĭs	
arthralgia (76)	ăr-THRĀL-jă	
atrophy (82)	ĂT-rô-fĕ	
axillary (83)	ĂK-sĭ-lăr-ĕ	
basophil (85)	BĀ-sô-fĭl	
biopsy (79)	BĪ-öp-sĕ	
blepharoptosis (80)	blĕf-ă-röp-TŌ-sĭs	
bronchitis (78)	brông-KĪ-tĭs	
carcinogenesis (78)	kăr-sĭ-nô-JĚN-ĕ-sĭs	

TERM	PRONUNCIATION	MEANING
carcinogenic (83)	kār-sī-nō-JĚN-ik	_____
cardiac (83)	KĀR-dē-āk	_____
cardiomyopathy (79)	kār-dē-ō-mī-ŎP-ă-thē	_____
chemotherapy (81)	kē-mō-THĚR-ě-pē	_____
chondromalacia (78)	kōn-drō-mă-LĀ-shă	_____
chronic (83)	KRŎN-ik	_____
colostomy (81)	kō-LŎS-tō-mē	_____
cystocele (76)	SĪS-tō-sēl	_____
electroencephalogram (78)	ē-lĕk-trō-ĕn-SĚF-ă-lō-grām	_____
electroencephalograph (78)	ē-lĕk-trō-ĕn-SĚF-ă-lō-grăf	_____
electroencephalography (78)	ē-lĕk-trō-ĕn-sĕf-ă-LŎG-ră-fē	_____
eosinophil (85)	ē-ō-SĪN-ō-fīl	_____
erythrocyte (77)	ě-RĪTH-rō-sīt	_____
erythropenia (79)	ě-rĭth-rō-PĚ-nē-ă	_____
esophagus (83)	ě-SŎF-ă-gus	_____
hematoma (79)	hē-mă-TŎ-mă	_____
hemolysis (78)	hē-MŎL-ĭ-sīs	_____
hemostasis (81)	hē-mō-STĀ-sīs	_____
hydronephrosis (79)	hī-drō-ně-FRŎ-sīs	_____
hydrotherapy (81)	hī-drō-THĚR-ă-pē	_____
hypertrophy (82)	hī-PĚR-trō-fē	_____
inguinal (83)	ĪNG-wī-nāl	_____
ischemia (77)	īs-KĚ-mē-ă	_____
laparoscope (81)	LĀP-ă-rō-skōp	_____
laparoscopy (81)	lă-pă-RŎS-kō-pē	_____
laparotomy (81)	lăp-ă-RŎT-ō-mē	_____
laryngeal (83)	lă-RĪN-jē-ăl <i>or</i> lăr-in-JĚ-ăl	_____
laryngectomy (77)	lăr-in-JĚK-tō-mē	_____
leukemia (82)	lū-KĚ-mē-ă	_____
leukocyte (77)	LŪ-kō-sīt	_____
leukocytosis (79)	lū-kō-sī-TŎ-sīs	_____

TERM	PRONUNCIATION	MEANING
lymphocyte (85)	LĪM-fō-sīt	_____
mammogram (78)	MĂM-mō-grām	_____
mastectomy (77)	mās-TĚK-tō-mē	_____
metastasis (81)	mě-TĂS-tă-sīs	_____
monocyte (85)	MÖN-ō-sīt	_____
morphology (78)	mör-FÖL-ō-jē	_____
mucoid (83)	MŪ-koyd	_____
mucous membrane (83)	MŪ-kūs MĚM-brān	_____
mucus (83)	MŪ-kūs	_____
myalgia (76)	mī-ĂL-jă	_____
myelitis (78)	MĪ-ě-LĪ-tīs	_____
myeloma (79)	mī-ě-LŌ-mă	_____
myoma (79)	mī-Ō-mă	_____
myosarcoma (79)	mī-ō-săr-KŌ-mă	_____
necropsy (79)	NĚ-kröp-sē	_____
necrosis (79)	ně-KRŌ-sīs	_____
necrotic (83)	ně-KRŮT-ĭk	_____
nephrologist (82)	ně-FRŮL-ō-jĭst	_____
nephropathy (83)	ně-FRŮP-ă-thē	_____
neuralgia (76)	nū-RĂL-jă	_____
neutropenia (79)	nū-trō-PĚ-nē-ă	_____
neutrophil (85)	NŪ-trō-fĭl	_____
ophthalmology (78)	ŏf-thăl-MŎL-ō-jē	_____
osteogenic (83)	ös-tē-ō-JĚN-ĭk	_____
osteomalacia (78)	ös-tē-ō-mă-LĂ-shă	_____
otalgia (76)	ō-TĂL-jă	_____
paracentesis (76)	pă-ră-cĕn-TĚ-sīs	_____
pathogenesis (78)	păth-ŏ-JĚN-ě-sīs	_____
pathologic (83)	păth-ŏ-LŎJ-ĭk	_____
pericardium (82)	pěr-ē-KĂR-dē-ŭm	_____
peritoneal (83)	pěr-ĭ-tō-NĚ-ăl	_____

TERM	PRONUNCIATION	MEANING
phlebotomy (81)	flě-BŎT-ō-mē	_____
platelet (85)	PLĀT-lět	_____
pleural (83)	PLŮR-ăl	_____
pleurodynia (77)	plūr-ō-DĪN-ē-ă	_____
pneumonia (82)	nū-MŎN-yă	_____
polymorphonuclear leukocyte (85)	pŏl-ē-mŏr-fō-NŪ-klē-ăr LŪ-kō-sīt	_____
ptosis (80)	TŎ-sīs	_____
pulmonary (83)	PŪL-mō-nā-rē	_____
radiographer (82)	rā-dē-ŎG-ră-fěr	_____
radiotherapy (81)	rā-dē-ō-THĚR-ă-pē	_____
rectocele (76)	RĚK-tō-sěl	_____
splenomegaly (79)	splē-nō-MĚG-ă-lē	_____
staphylococci (76)	stăf-ĭ-lŏ-KŎK-sī	_____
streptococcus (76)	strĕp-tŏ-KŎK-ŭs	_____
thoracentesis (76)	thō-ră-sĕn-TĚ-sīs	_____
thrombocyte (77)	THRŎM-bŏ-sīt	_____
thrombocytopenia (79)	thrŏm-bŏ-sī-tŏ-PĚ-nē-ă	_____
thrombophlebitis (78)	thrŏm-bŏ-flĕ-BĪ-tīs	_____
tonsillar (83)	TŎN-sī-lăr	_____
tonsillitis (78)	tŏn-sī-LĪ-tīs	_____
tracheostomy (81)	trā-kē-ŎS-tŏ-mē	_____
tracheotomy (81)	trā-kē-ŎT-ŏ-mē	_____
venule (82)	VĚN-ŭl	_____



REVIEW SHEET

Write the meanings of each word part in the space provided and test yourself. Check your answers with the information in the chapter or in the Glossary (Medical Word Parts—English), at the end of this book.

Noun Suffixes

SUFFIX	MEANING	SUFFIX	MEANING
-algia	_____	-oma	_____
-cele	_____	-opsy	_____
-centesis	_____	-osis	_____
-coccus (-cocci)	_____	-pathy	_____
-cyte	_____	-penia	_____
-dynia	_____	-phobia	_____
-ectomy	_____	-plasia	_____
-emia	_____	-plasty	_____
-er	_____	-ptosis	_____
-genesis	_____	-sclerosis	_____
-gram	_____	-scope	_____
-graph	_____	-scopy	_____
-graphy	_____	-stasis	_____
-ia	_____	-stomy	_____
-ist	_____	-therapy	_____
-itis	_____	-tomy	_____
-logy	_____	-trophy	_____
-lysis	_____	-ule	_____
-malacia	_____	-um, -ium	_____
-megaly	_____	-us	_____
-ole	_____	-y	_____

Adjective Suffixes

SUFFIX	MEANING	SUFFIX	MEANING
-ac, -iac	_____	-ic, -ical	_____
-al	_____	-oid	_____
-ar	_____	-ose	_____
-ary	_____	-ous	_____
-eal	_____	-tic	_____
-genic	_____		

Combining Forms

COMBINING FORM	MEANING	COMBINING FORM	MEANING
abdomin/o	_____	cyst/o	_____
acr/o	_____	encephal/o	_____
acu/o	_____	erythr/o	_____
aden/o	_____	hem/o	_____
adip/o	_____	hepat/o	_____
amni/o	_____	hydr/o	_____
angi/o	_____	inguin/o	_____
arteri/o	_____	isch/o	_____
arthr/o	_____	lapar/o	_____
axill/o	_____	laryng/o	_____
bi/o	_____	leuk/o	_____
blephar/o	_____	lymph/o	_____
bronch/o	_____	mamm/o	_____
carcin/o	_____	mast/o	_____
cardi/o	_____	morph/o	_____
chem/o	_____	muc/o	_____
chondr/o	_____	my/o	_____
chron/o	_____	myel/o	_____
col/o	_____	necr/o	_____

COMBINING FORM	MEANING	COMBINING FORM	MEANING
nephr/o	_____	pulmon/o	_____
neur/o	_____	radi/o	_____
neutr/o	_____	rect/o	_____
nucle/o	_____	ren/o	_____
ophthalm/o	_____	rhin/o	_____
oste/o	_____	sarc/o	_____
ot/o	_____	splen/o	_____
path/o	_____	staphyl/o	_____
peritone/o	_____	strept/o	_____
phag/o	_____	thorac/o	_____
phleb/o	_____	thromb/o	_____
plas/o	_____	tonsill/o	_____
pleur/o	_____	trache/o	_____
pneumon/o	_____	ven/o	_____

Give the medical term for the following blood cells.

red blood cell _____

clotting cell _____

white blood cell _____

Name 5 different types of white blood cells (the first letter is given).

e _____

b _____

n _____

l _____

m _____



CHAPTER 4

Prefixes

This chapter is divided into the following sections:

Introduction, 108

Combining Forms and Suffixes, 108

Prefixes and Terminology, 109

A Closer Look, 118

Practical Applications, 123

Exercises, 124

Answers to Exercises, 130

Pronunciation of Terms, 132

Review Sheet, 135

CHAPTER GOALS

- Define basic prefixes used in the medical language.
- Analyze medical terms that combine prefixes and other word elements.
- Learn about the Rh condition as an example of an antigen-antibody reaction.

INTRODUCTION

This chapter on prefixes, like the preceding chapter on suffixes, gives you practice in word analysis and provides a foundation for the study of the terminology of body systems that follows.

The list of combining forms, suffixes, and meanings helps you analyze terminology in the rest of the chapter. To support a broader understanding, **A Closer Look**, beginning on page 118, contains more detailed explanation of new terms.



COMBINING FORMS AND SUFFIXES

COMBINING FORMS

COMBINING FORM	MEANING	COMBINING FORM	MEANING
carp/o	wrist bones	ox/o	oxygen
cib/o	meals	pub/o	pubis (pubic bone); anterior portion of the pelvic or hipbone
cis/o	to cut	seps/o	infection
cost/o	rib	somn/o	sleep
cutane/o	skin	son/o	sound
dactyl/o	fingers, toes	the/o	to put, place
duct/o	to lead, carry	thel/o, theli/o	nipple
flex/o	to bend	thyr/o	thyroid gland; shield (the shape of the thyroid gland resembled [-oid] a shield to those who named it)
furc/o	forking, branching	top/o	place, position, location
gloss/o	tongue	tox/o	poison
glyc/o	sugar	trache/o	windpipe, trachea
immun/o	protection	urethr/o	urethra
morph/o	shape, form		
mort/o	death		
nat/i	birth		
nect/o	to bind, tie, connect		
norm/o	rule, order		

SUFFIXES

These suffixes are used in this chapter in combination with prefixes. Some are complex suffixes that contain roots. For example, the suffix -pnea contains a root pne, meaning breathing, and a final suffix -a, meaning condition.

SUFFIX	MEANING	SUFFIX	MEANING
-blast	embryonic, immature	-partum	birth, labor
-crine	to secrete	-phoria	to bear, carry; feeling (mental state)
-drome	to run	-physis	to grow
-fusion	coming together; to pour	-plasia	development, formation, growth
-gen	substance that produces	-plasm	structure or formation
-lapse	to slide, fall, sag	-pnea	breathing
-lysis	breakdown, destruction, separation	-ptosis	falling, drooping, prolapse
-meter	to measure	-rrhea	flow, discharge
-mission	to send	-stasis	stopping, controlling
-or	one who	-trophy	development, nourishment
-oxia	oxygen		



PREFIXES AND TERMINOLOGY

Write the meaning of the medical term in the space provided. Remember, the Evolve website contains the definition and pronunciation for each term.

PREFIX	MEANING	TERMINOLOGY	MEANING
a-, an-	no, not, without	apnea _____	
		anoxia _____	
ab-	away from	abnormal _____	
		abductor _____	
		A muscle that draws a limb away from the body. Memory tip: Notice that in abductor the b faces away from the a .	

PREFIX	MEANING	TERMINOLOGY	MEANING
ad-	toward	<u>adductor</u> _____ <i>A muscle that draws a limb toward the body. Memory tip: Notice that in <u>adductor</u>, the d faces toward the a.</i>	
		<u>adrenal glands</u> _____ <i>These glands actually lie on top of each kidney. See Figure 4-1.</i>	
ana-	up, apart	<u>anabolism</u> _____	
		<u>analysis</u> _____ <i>Urinalysis (urin/o + [an]/alysis) is a laboratory examination of urine that aids in the diagnosis of many medical conditions. In this term, -lysis means separation.</i>	
ante-	before, forward	<u>ante cibum</u> _____ <i>The notation a.c., seen on prescription orders, means before meals.</i>	
		<u>anteflexion</u> _____	
		<u>antepartum</u> _____	

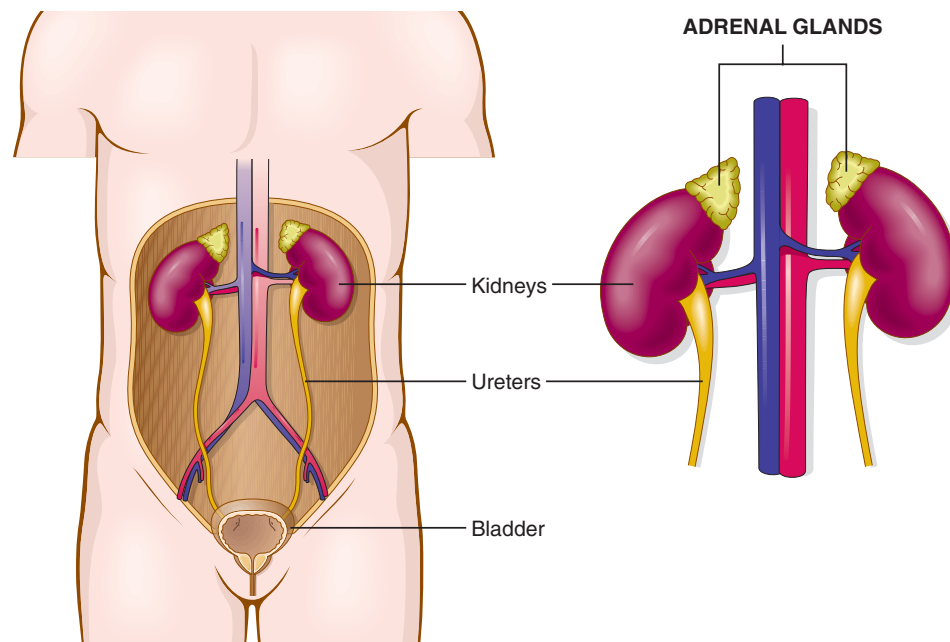


FIGURE 4-1 Adrenal glands. These are endocrine glands located above each kidney. One of the hormones they secrete is adrenaline (epinephrine). It causes bronchial tubes to widen, the heart to beat more rapidly and blood pressure to rise.

PREFIX	MEANING	TERMINOLOGY	MEANING
anti- 	against	<u>antibiotic</u> _____ <i>Antibiotics destroy or inhibit the growth of microorganisms such as bacteria. Penicillin was the first antibiotic (discovered in immature plants called molds).</i>	
		<u>antibody</u> _____ <i>Protein produced against an antigen (foreign body).</i>	
		<u>antigen</u> _____ <i>In this term, anti- is short for antibody. An antigen (bacterium or virus) is a substance that produces (-gen) an antibody. See A Closer Look: Antigens and Antibodies, page 118.</i>	
		<u>antiseptis</u> _____ <i>An antiseptic (-sis changes to -tic to form an adjective) substance fights infection.</i>	
		<u>antitoxin</u> _____ <i>This is an antibody, often from an animal (such as a horse), that acts against a toxin. An example is tetanus antitoxin given against tetanus, an acute bacterial infection of the nervous system.</i>	
auto-	self, own	<u>autoimmune disease</u>  _____	
bi-	two	<u>bifurcation</u> _____ <i>Normal splitting into two branches, such as bifurcation of the trachea to form the bronchi.</i>	
		<u>bilateral</u> _____	
brady-	slow	<u>bradycardia</u> _____ <i>Usually, a pulse of less than 60; a slow heart rate.</i>	
cata-	down	<u>catabolism</u> _____	
con-	with, together	<u>congenital anomaly</u> _____ <i>See A Closer Look, page 120.</i>	
		<u>connective</u> _____ <i>Connective tissue supports and binds other body tissue and parts. Bone, cartilage, and fibrous tissue are connective tissues.</i>	



Anti- and Ante-

Be careful not to confuse these prefixes. Pay close attention to their different pronunciations. **Ante-** is pronounced ăn-**tē** and **anti-** is pronounced ăn-**tī**.



Autoimmune Disease

In an **autoimmune disease**, the body makes antibodies against its own good cells and tissues, causing inflammation and injury. Examples of autoimmune disorders are **rheumatoid arthritis**, affecting joints; **celiac disease**, affecting the intestinal tract; and **Graves disease**, affecting the thyroid gland.

PREFIX	MEANING	TERMINOLOGY	MEANING
contra-	against, opposite	<u>contraindication</u> _____ <i>Contra- means against in this term.</i>	
		<u>contralateral</u> _____ <i>Contra- means opposite in this term. A stroke affecting the right side of the brain may cause contralateral paralysis affecting the left arm and leg. The opposite of contralateral is ipsilateral. (ipsi- means same).</i>	
de-	down, lack of	<u>dehydration</u> _____	
dia-	through, complete	<u>diameter</u> _____	
		<u>diarrhea</u> _____	
		<u>dialysis</u> _____ <i>Literal meaning is complete (dia-) separation (-lysis). In hemodialysis, waste materials are separated from the blood via a machine (artificial kidney) when the kidneys no longer function. See Figure 7-15, page 234, for an illustration of hemodialysis.</i>	
dys-	bad, painful, difficult, abnormal	<u>dyspnea</u> _____ <i>Often caused by respiratory or cardiac conditions, strenuous exercise, or anxiety.</i>	
		<u>dysplasia</u> _____	
ec-, ecto-	out, outside	<u>ectopic pregnancy</u> _____ <i>Ectopic means pertaining to out of place and modifies the noun "pregnancy." See Figure 4-2.</i>	

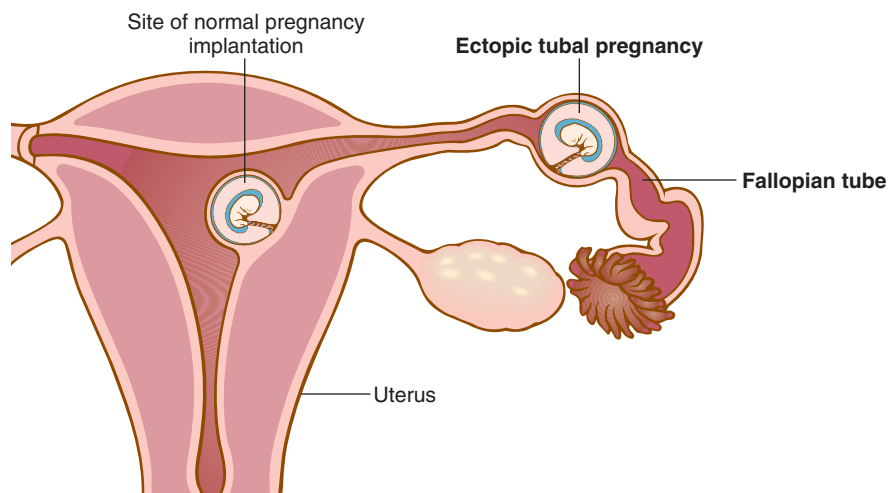




FIGURE 4-2 Ectopic pregnancy. Normal pregnancy implantation is in the upper portion of the uterus. Ectopic pregnancy occurs most commonly in a **fallopian tube** (i.e., tubal pregnancy). Surgery is often necessary to remove an ectopic pregnancy. The fetus is not viable. Tubal surgery may damage a **fallopian tube** and scar tissue can cause future pregnancy problems.

PREFIX	MEANING	TERMINOLOGY	MEANING
endo-	in, within	<u>endocardium</u> _____ <u>endoscope</u> _____ <u>endotracheal</u> _____ <i>An endotracheal tube, placed through the mouth into the trachea, is used for giving oxygen and in general anesthesia procedures.</i>	
epi-	upon, on, above	<u>epithelium</u> _____	
eu-	good, normal	<u>euphoria</u> _____ <i>Feeling of well-being.</i> <u>euthyroid</u> _____ <i>Normal thyroid function.</i>	
ex-	out, outside, away from	<u>exophthalmos</u> _____ <i>Protrusion of the eyeball associated with enlargement and overactivity of the thyroid gland; also called proptosis (pro- = forward, -ptosis = prolapse).</i>	
hemi-	half	<u>hemiglossectomy</u> _____	
hyper-	excessive, above	<u>hyperglycemia</u> _____ <i>This is a sign  of diabetes mellitus. Lack of insulin (type 1 diabetes) or ineffective insulin (type 2 diabetes) causes high levels of sugar in the blood.</i> <u>hyperplasia</u> _____ <i>Increase in cell numbers. Hyperplasia is a characteristic of tumor growth.</i> <u>hypertrophy</u> _____ <i>Increase in size of individual cells. Muscle, cardiac, and renal cells exhibit hypertrophy when workload is increased.</i>	
hypo-	deficient, under	<u>hypodermic injection</u> _____ <u>hypoglycemia</u> _____	
in-	not	<u>insomniac</u> _____	
in-	into, within	<u>incision</u> _____	
infra-	beneath, under	<u>infracostal</u> _____	
inter-	between	<u>intercostal</u> _____ <i>Intercostal muscles lie between adjacent ribs.</i>	



Signs and Symptoms

A **sign** is an objective finding that is perceived by an examiner, such as fever, rash, or abnormal blood cell counts. A **symptom** (from Greek, *symptoma*, meaning that which happens) is a subjective change in condition as perceived by the patient. Examples of symptoms are loss of appetite, abdominal pain, and fatigue (tiredness). Both signs and symptoms are useful clues in the diagnosis of a disease, such as diabetes mellitus.

PREFIX	MEANING	TERMINOLOGY	MEANING
intra-	in, within, into	<u>intravenous</u> 	
macro-	large	<u>macrocephaly</u> _____ <i>This is a congenital anomaly.</i>	
mal-	bad	<u>malaise</u> _____ <i>This is a French word meaning discomfort. It is a symptom of illness often marking the onset of a disease.</i>	
		<u>malignant</u> _____ <i>From the Latin ignis, meaning fire. Benign (ben- = good) is noncancerous, whereas malignant means cancerous.</i>	
meta-	beyond, change	<u>metacarpal bones</u> _____ <i>The five hand bones lie beyond the wrist bones but before the finger bones (phalanges).</i>	
		<u>metamorphosis</u> _____ <i>Meta- means change in this term. The change in development from the larval (caterpillar) stage to the adult (butterfly) is a form of metamorphosis. Embryonic (immature) stem cells spontaneously change (undergo metamorphosis) to form different types of mature cells.</i>	
		<u>metastasis</u> _____ <i>Meta- = beyond and -stasis = controlling, stopping. A metastasis is a malignant tumor that has spread to a secondary location.</i>	
micro-	small	<u>microscope</u> _____	
neo-	new	<u>neonatal</u> _____ <i>The neonatal period is the interval from birth to 28 days.</i>	
		<u>neoplasm</u> _____ <i>A neoplasm may be benign or malignant.</i>	
pan-	all	<u>pancytopenia</u> _____ <i>Deficiency of erythrocytes, leukocytes, and thrombocytes.</i>	
para-	abnormal, beside, near	<u>paralysis</u> _____ <i>Abnormal disruption of the connection between nerve and muscle. Originally from the Greek paralusis, meaning separation or loosening on one side, describing the loss of movement on one side of the body (occurring in stroke patients).</i>	
		<u>parathyroid glands</u> _____ <i>Para- means beside. The four parathyroid glands are located behind the thyroid gland. They secrete a hormone that regulates the calcium levels in blood and tissues.</i>	
per-	through	<u>percutaneous</u> _____	

**Intra-, Inter-, Infra-**

Be careful not to confuse these prefixes: **intra-** means in, within, into; **inter-** means between; **infra-** means beneath, under.

PREFIX	MEANING	TERMINOLOGY	MEANING
peri-	surrounding	pericardium _____	
		periosteum _____	
poly-	many, much	polymorphonuclear _____	
		polyneuritis _____	
post-	after, behind	postmortem _____	
		postpartum _____	
pre-	before, in front of	precancerous _____	
		prenatal _____	
pro-	before, forward	prodrome _____	
		<i>Prodromal signs and symptoms (rash, fever) appear before the actual illness (such as chickenpox) and signal its onset. Altered mood, fatigue, flashes of light, or stiff muscles may accompany the prodromal migraine aura that occurs before the actual headache.</i>	
		prolapse _____	
		<i>The suffix -lapse means to slide, sag, or fall. See Figure 4-3.</i>	

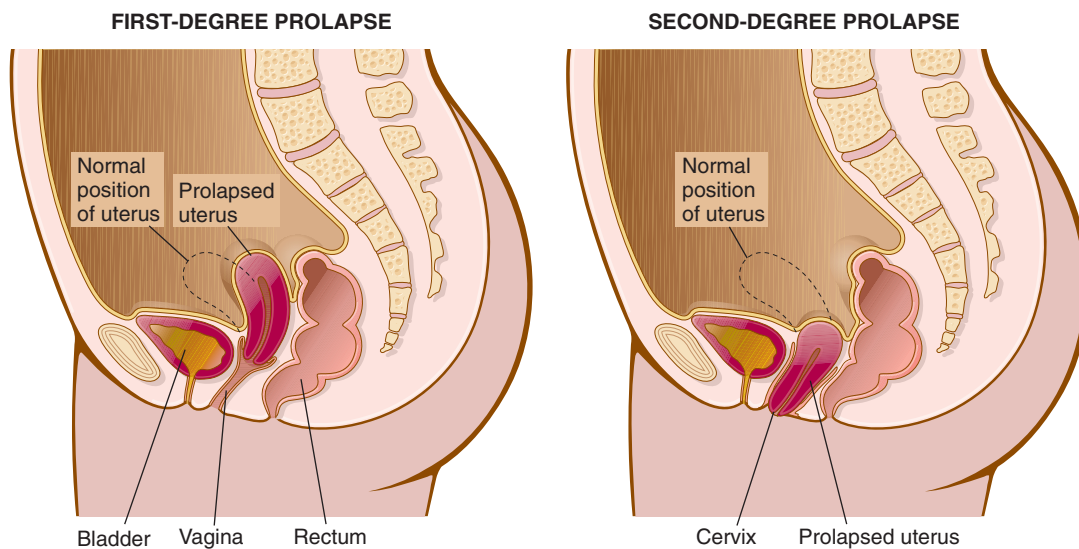


FIGURE 4-3 Prolapse of the uterus. In **first-degree prolapse**, the uterus descends into the vaginal canal. In **second-degree prolapse**, the body of the uterus is still within the vagina, but the cervix protrudes from the vaginal orifice (opening). In **third-degree prolapse** (not pictured), the entire uterus projects permanently outside the orifice. As treatment, the uterus may be held in position by a plastic pessary (oval supporting object) that is inserted into the vagina. Some affected women may require hysterectomy (removal of the uterus).


PREFIX	MEANING	TERMINOLOGY	MEANING
pros-	before, forward	<u>pro</u> sthesis _____ <i>An artificial limb is a prosthesis. Figure 4-4 shows Amy Palmiero-Winters running with a prosthetic leg.</i>	
re-	back, again	<u>re</u> lapse _____ <i>A disease or its signs and symptoms return after an apparent recovery.</i>	
		<u>re</u> mission _____ <i>Signs and symptoms lessen and the patient feels better. Remission may be spontaneous or the result of treatment. In some cases a permanent remission means the disease is cured.</i>	
		<u>re</u> combinant DNA _____ <i>Genetic engineering uses recombinant DNA techniques. See A Closer Look, page 120.</i>	
retro-	behind, backward	<u>retro</u> peritoneal _____ <u>retro</u> flexion _____ <i>An abnormal position of an organ, such as the uterus, bent or tilted backward.</i>	
sub-	under	<u>sub</u> cutaneous _____	
supra-	above, upper	<u>supra</u> pubic _____ <i>The pubis is one of a pair of pubic bones that forms the anterior part of the pelvic (hip) bone. Pubic bones are pictured in Figure 4-6 on page 117.</i>	



FIGURE 4-4 Prosthesis. Amy Palmeiro-Winters is the first female with a prosthetic leg to finish the Badwater 135, a 135-mile race from Badwater in Death Valley to Mount Whitney, California.



FIGURE 4-5 Syndactyly. The foot on the left (pale) shows syndactyly (webbed toes). The foot on the right (darker) shows normal toes.

PREFIX	MEANING	TERMINOLOGY	MEANING
syn-, sym-	together, with	<u>sy</u> ndactyly _____ <i>See Figure 4-5. A hereditary, congenital anomaly of fingers or toes.</i>	
		<u>syn</u> thesis _____ <i>In protein synthesis, complex proteins are built up from simpler amino acids.</i>	
		<u>syn</u> drome _____ <i>See A Closer Look, page 121.</i>	
		<u>syn</u> biosis  _____ <i>Before the letters b, m, and p, syn- becomes sym-.</i>	
		<u>sym</u> metry _____ <i>Equality of parts on opposite sides of the body. What is asymmetry?</i>	
		<u>sym</u> physis _____ <i>A symphysis is a joint in which the bony surfaces are firmly united by a layer of fibrocartilage. See Figure 4-6.</i>	

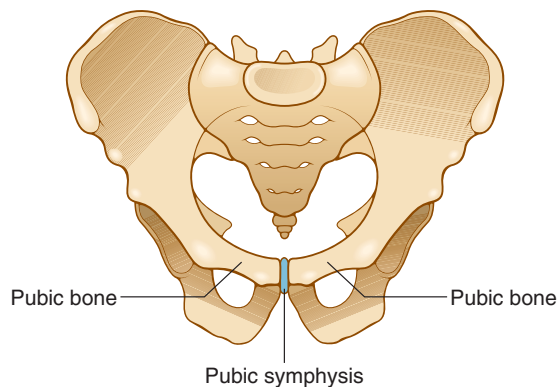


FIGURE 4-6 Pubic symphysis. This is the area in which the pubic bones of the pelvis have grown together. Another example of a symphysis is the two halves of the mandible (lower jawbone), which unite before birth.



Symbiosis

Symbiosis occurs when two organisms live together in close association, either for mutual benefit or not. Examples are:

- bacteria in the intestines and the cells lining the intestines benefit each other.
- parasites (tapeworms and fleas) live off another organism, and are harmful to the host.

In psychiatry, symbiosis is a relationship between two individuals who are emotionally dependent on each other.

PREFIX	MEANING	TERMINOLOGY	MEANING
tachy-	fast	tachypnea _____ (tă-KĪP-nē-ă)	
trans-	across, through	transfusion _____ <i>Transfer of blood or blood parts from one person to another.</i>	
		transurethral _____ <i>See A Closer Look below.</i>	
ultra-	beyond, excess	ultrasonography _____ <i>See A Closer Look below.</i>	
uni-	one	unilateral _____	



A CLOSER LOOK

ANTIGENS AND ANTIBODIES; THE Rh CONDITION

An **antigen**, usually a foreign substance (such as a poison, virus, or bacterium), stimulates the production of **antibodies**. Antibodies are protein substances made by white blood cells in response to the presence of foreign antigens. For example, the flu virus (antigen) enters the body, causing the production of antibodies in the bloodstream. These antibodies then attach to and destroy the antigens (viruses) that produced them. The reaction between an antigen and an antibody is an **immune response** (immun/o means protection). See Figure 4-7. When you receive a **vaccine**, you actually are receiving dead or weakened antigens that stimulate white blood cells (lymphocytes) to make antibodies. These antibodies remain in your blood to protect against those specific antigens when encountered in the future.

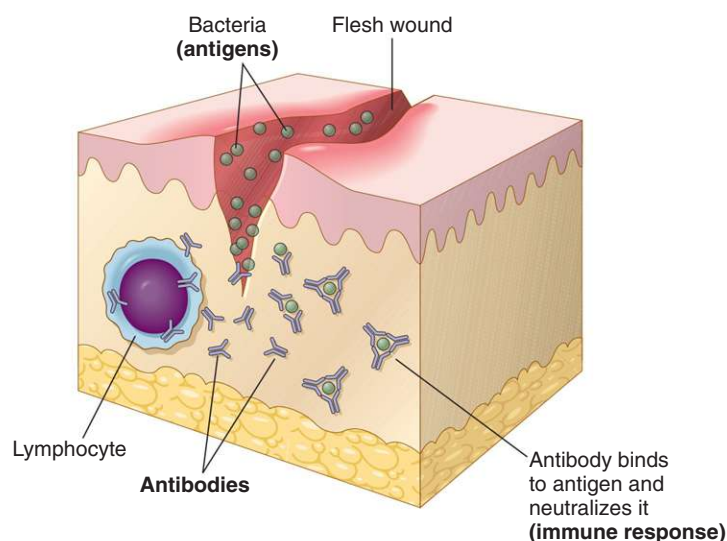


FIGURE 4-7 Immune response. When antigens (bacteria) enter the body through a flesh wound, antibodies are produced to destroy the antigens.

Another example of an antigen-antibody reaction is the **Rh condition**. A person who is Rh positive (Rh^+) has a protein coating (antigen) on his or her red blood cells (RBCs). This specific antigen factor is something that the person is born with and is normal. People who are Rh negative (Rh^-) have normal RBCs as well, but their red cells lack the Rh factor antigen.

If an Rh^- woman and an Rh^+ man conceive an embryo, the embryo may be Rh^- or Rh^+ . A dangerous condition arises only when the embryo is Rh^+ (because this is different from the Rh^- mother). During delivery of the first Rh^+ baby, some of the baby's blood cells containing Rh^+ antigens can escape into the mother's bloodstream. This sensitizes the mother so that she produces a low level of antibodies to the Rh^+ antigen. Because this occurs at delivery, the first baby is generally not affected and is normal at birth. Sensitization can also occur after a miscarriage, abortion, or blood transfusions (with Rh^+ blood).

Difficulties arise with the second Rh^+ pregnancy. If this embryo also is Rh^+ , during pregnancy the mother's acquired antibodies (from the first pregnancy) enter the embryo's bloodstream. These antibodies attack and destroy the embryo's Rh^+ RBCs. The embryo attempts to compensate for this loss by making many new but immature RBCs called erythroblasts (-blast = immature). The affected infant is born with **hemolytic disease of the newborn (HDN)** or **erythroblastosis fetalis**. HDN can occur in the first pregnancy if a mother has had an Rh^+ blood transfusion.

One of the clinical signs of HDN is **jaundice** (yellow skin pigmentation). Jaundice results from excessive destruction of RBCs. When RBCs break down (hemolysis), the hemoglobin within the cells produces **bilirubin** (a chemical pigment). High levels of bilirubin in the bloodstream (hyperbilirubinemia) cause jaundice. To prevent bilirubin from affecting the brain cells of the infant, newborns are treated with exposure to bright lights (phototherapy). The light decomposes the bilirubin, which is excreted from the infant's body.

Physicians administer Rh immunoglobulin to an Rh^- woman within 72 hours after each Rh^+ delivery, abortion, or miscarriage. The globulin binds to Rh^+ cells that escape into the mother's circulation and prevents formation of Rh^+ antibodies. This protects future babies from developing HDN. Figure 4-8 reviews the Rh antigen-antibody reaction.

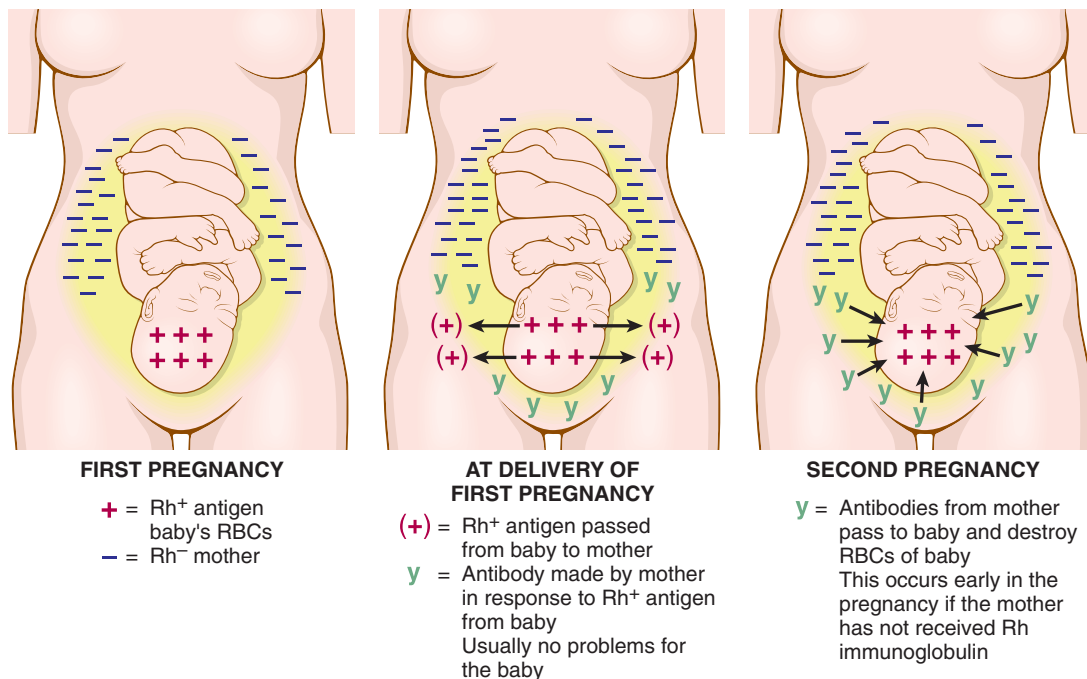


FIGURE 4-8 Rh condition as an example of an antigen-antibody reaction.



FIGURE 4-9 Congenital anomalies. (A), Club feet are a hereditary congenital anomaly. (B), Fetal alcohol syndrome (FAS) is a congenital anomaly caused by environmental factors during pregnancy. Note facial features of FAS: skin folds in corners of eyes, long, smooth groove between the nose and upper lip, thin upper lip, and flat nasal bridge.

CONGENITAL ANOMALY

An anomaly is an irregularity in a structure or organ. Examples of **congenital anomalies** (those that an infant is born with) include webbed fingers or toes (syndactyly), heart defects, and clubbed feet. See Figure 4-9A. Some congenital anomalies are hereditary (passed to the infant through chromosomes from the father or mother, or both), whereas others are produced by factors present during pregnancy. For example, when a pregnant woman drinks high levels of alcohol during pregnancy, there is a pattern of physical and mental defects in her infant at birth. See Figure 4-9B.

RECOMBINANT DNA

Recombinant DNA technology is the process of taking a gene (a region of DNA) from one organism and inserting it into the DNA of another organism. For example, recombinant techniques are used to manufacture insulin outside the body. The gene that codes for insulin (i.e., contains the recipe for making insulin) is cut out of a human chromosome (using special enzymes) and transferred into a bacterium, such as *Escherichia coli* (*E. coli*). The bacterium then contains the gene for making human insulin and, because it multiplies very rapidly, can produce insulin in large quantities. Diabetic patients, unable to make their own insulin, can use this synthetic product (see Figure 4-10). Another term you may hear related to recombinant DNA is **polymerase chain reaction (PCR)**. This is a method of producing multiple copies of a single gene, which is an important tool in recombinant DNA technology.

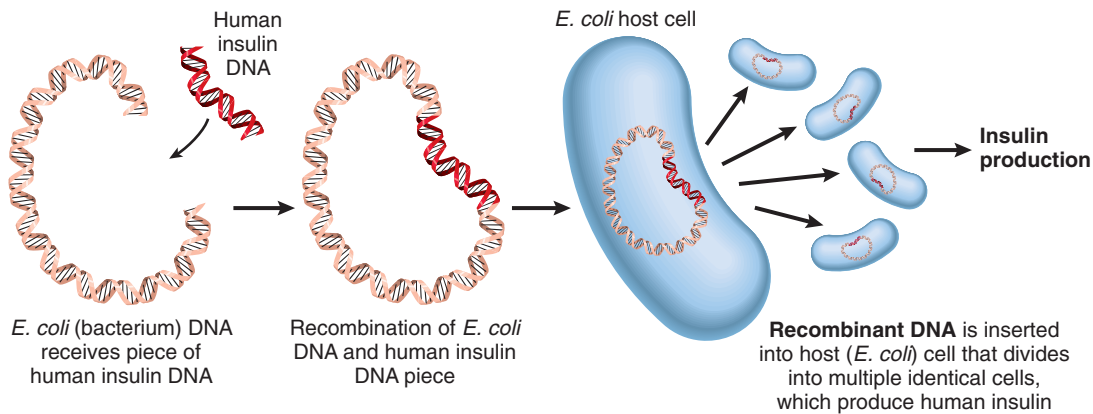


FIGURE 4-10 Recombinant DNA and insulin production.

SYNDROME

A **syndrome** (from the Greek *dromos*, meaning a course for running) is a group of signs or symptoms that appear together to produce a typical clinical picture of a disease or inherited abnormality. For example, **Reye syndrome** is characterized by vomiting, swelling of the brain, increased intracranial pressure, hypoglycemia, and dysfunction of the liver. It may occur in children after a viral infection that has been treated with aspirin.

Marfan syndrome is an inherited connective tissue disorder marked by a tall, thin body type with long, “spidery” fingers and toes (arachnodactyly), elongated head, and heart, blood vessel, and ophthalmic abnormalities (see Figure 4-11).



FIGURE 4-11 Marfan syndrome. **A** and **B** show individuals with Marfan's. Note the unusually tall body type (**A**) and long, spidery fingers (**B**). The Olympic swimmer, Michael Phelps, has Marfan syndrome. His height is 6'4" and his arm span is 6'7". Go to <http://www.clevelandleader.com/node/6446> to read how Michael describes his condition.

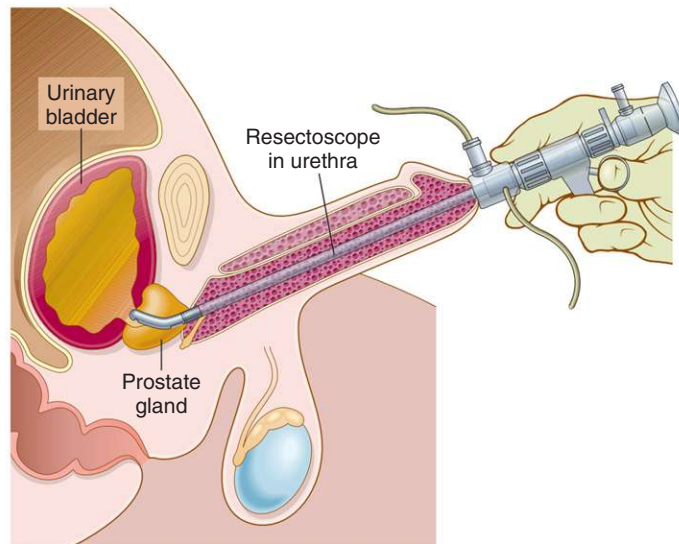


FIGURE 4-12 Transurethral resection of the prostate (TURP). The resectoscope contains a light, valves for controlling irrigated fluid, and an electrical loop that cuts tissue and seals blood vessels.

TRANSURETHRAL RESECTION OF THE PROSTATE GLAND

In **transurethral resection of the prostate gland (TURP)**, a portion of the prostate gland is removed with an instrument (resectoscope) passed through **(trans-)** the urethra. The procedure is indicated when prostatic tissue increases (hyperplasia) and interferes with urination. Figure 4-12 shows TURP.

ULTRASONOGRAPHY

Ultrasonography is a diagnostic technique using ultrasound waves (inaudible sound waves) to produce an image of an organ or tissue. A machine records ultrasonic echoes as they pass through different types of tissue. **Echocardiograms** are ultrasound images of the heart. Figure 4-13 shows a fetal ultrasound image (**sonogram**).

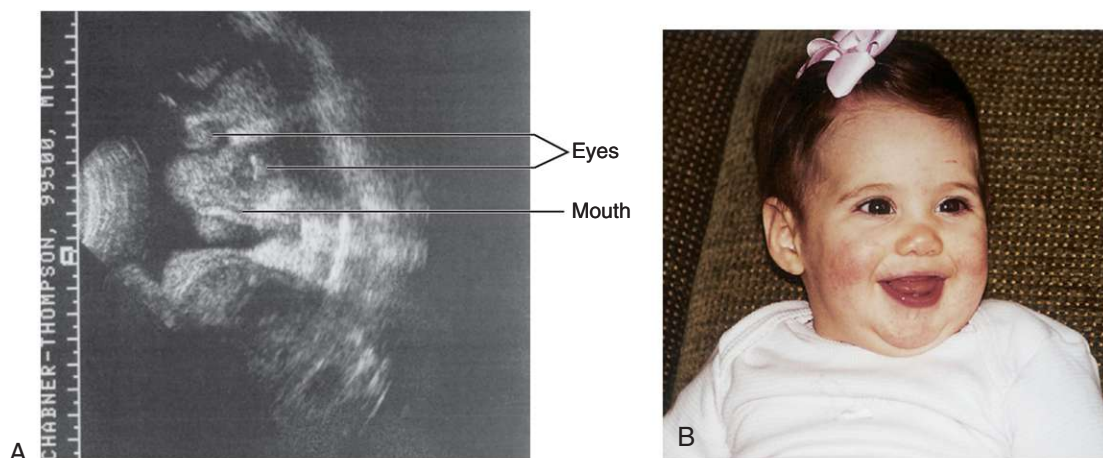


FIGURE 4-13 Ultrasonography. (A), Notice the facial features of this beautiful 30-week-old fetus, in a (very) early “baby picture” of my granddaughter, Beatrix Bess Thompson! (B), Bebe, smiling, at 3 months of age. (Courtesy Dr. Elizabeth Chabner Thompson.)



PRACTICAL APPLICATIONS

Check your answers with the Answers to Practical Applications on page 131. You should find helpful explanations there.

PROCEDURES

Match the **procedure** or **treatment** in Column I with the best **reason for using it** in Column II. Write the letter of the answer in the space provided.

COLUMN I

Procedures/Treatments

1. ultrasonography _____
2. hemiglossectomy _____
3. percutaneous liver biopsy _____
4. transfusion of blood cells _____
5. gastric endoscopy _____
6. autopsy _____
7. endotracheal intubation _____
8. dialysis _____
9. antibiotics _____
10. transurethral resection _____

COLUMN II

Indications

- A. diagnose hepatopathy
- B. treat renal failure
- C. obtain prenatal images
- D. determine the postmortem status of organs
- E. treat carcinoma of the tongue
- F. treat benign prostatic hyperplasia
- G. diagnose disease in the stomach
- H. establish an airway during surgery
- I. treat pancytopenia
- J. treat staphylococemia



EXERCISES

Remember to check your answers carefully with the Answers to Exercises, pages 130 and 131.

A Give the meanings of the following prefixes.

- | | |
|------------------|-------------------|
| 1. ante- _____ | 7. auto- _____ |
| 2. ab- _____ | 8. cata- _____ |
| 3. ana- _____ | 9. brady- _____ |
| 4. anti- _____ | 10. contra- _____ |
| 5. a-, an- _____ | 11. bi- _____ |
| 6. ad- _____ | 12. con- _____ |

B Match the following terms with their meanings below.

adductor
adrenal
analysis
anoxia

anteflexion
antepartum
antiseptis
apnea

bilateral
bradycardia
congenital anomaly
contralateral

1. bending forward _____
2. muscle that carries the limb toward the body _____
3. before birth _____
4. slow heartbeat _____
5. gland located near (above) each kidney _____
6. absence of breathing _____
7. pertaining to the opposite side _____
8. against infection _____
9. to separate _____
10. pertaining to two (both) sides _____
11. condition of no oxygen in tissues _____
12. irregularity present at birth _____

C Select from the following terms to match the descriptions below.

anabolism
antibiotic
antibody

antigen
antitoxin
autoimmune disease

catabolism
congenital anomaly
contraindication

1. chemical substance, such as erythromycin (-mycin = mold), made from molds and used against bacterial life _____
2. process of burning food (breaking it down) and releasing the energy stored in the food _____
3. reason that a doctor would advise against taking a specific medication _____
4. disorder in which the body's own leukocytes make antibodies that damage its own good tissue _____
5. a foreign agent (virus or bacterium) that causes production of antibodies _____
6. an antibody that acts against poisons that enter the body _____
7. process of building up proteins in cells by putting together small pieces of proteins called amino acids _____
8. protein made by lymphocytes in response to the presence in the blood of a specific antigen _____

D Give the meanings of the following prefixes.

- | | |
|-----------------|------------------|
| 1. ec- _____ | 9. endo- _____ |
| 2. dys- _____ | 10. eu- _____ |
| 3. de- _____ | 11. in- _____ |
| 4. dia- _____ | 12. inter- _____ |
| 5. hemi- _____ | 13. intra- _____ |
| 6. hypo- _____ | 14. infra- _____ |
| 7. epi- _____ | 15. macro- _____ |
| 8. hyper- _____ | |

E Complete the following terms, based on their meanings as given.

1. normal thyroid function: _____ thyroid
2. painful breathing: _____ pnea
3. pregnancy that is out of place (outside the uterus): _____ topic
4. instrument to visually examine within the body: endo _____
5. removal of half of the tongue: _____ glossectomy
6. good (exaggerated) feeling (of well-being): _____ phoria
7. pertaining to within the windpipe: endo _____
8. blood condition of less than normal sugar: _____ glycemia
9. condition (congenital anomaly) of large head: _____ cephal
10. pertaining to between the ribs: _____ costal
11. pertaining to within a vein: intra _____
12. condition of bad (abnormal) formation (of cells): dys _____
13. condition of excessive formation (numbers of cells): _____ plasia
14. structure (membrane) that forms the inner lining of the heart: endo _____
15. pertaining to below the ribs: infra _____
16. blood condition of excessive amount of sugar: hyper _____

F Match the following terms with their meanings below.

dehydration	incision	metamorphosis
dialysis	insomnia	metastasis
diarrhea	malaise	microscope
exophthalmos (proptosis)	malignant	pancytopenia

1. vague feeling of bodily discomfort _____
2. inability to sleep _____
3. lack of water _____
4. spread of a cancerous tumor to a secondary organ or tissue _____
5. instrument used to view small objects _____
6. to cut into an organ or tissue _____
7. outward bulging of the eyeballs _____
8. condition of change in shape or form _____
9. watery discharge of wastes from the colon _____
10. deficiency of all (blood) cells _____
11. separation of wastes from the blood by using a machine that does the job of the kidney

12. harmful, cancerous _____

G Give the meanings of the following prefixes.

- | | |
|----------------|------------------|
| 1. mal- _____ | 11. sub- _____ |
| 2. pan- _____ | 12. supra- _____ |
| 3. per- _____ | 13. re- _____ |
| 4. meta- _____ | 14. retro- _____ |
| 5. para- _____ | 15. tachy- _____ |
| 6. peri- _____ | 16. syn- _____ |
| 7. poly- _____ | 17. uni- _____ |
| 8. post- _____ | 18. trans- _____ |
| 9. pro- _____ | 19. neo- _____ |
| 10. pre- _____ | 20. epi- _____ |

H Underline the prefix in the following terms, and give the meaning of the entire term.

1. periosteum _____
2. percutaneous _____
3. retroperitoneal _____
4. suprapubic _____
5. polyneuritis _____
6. retroflexion _____
7. transurethral _____
8. subcutaneous _____
9. tachypnea _____
10. unilateral _____
11. prosthesis _____

I Match the following terms with their meanings below.

adrenal
neoplasm
paralysis
parathyroid

prodrome
prolapse
recombinant DNA
relapse

remission
syndactyly
syndrome
ultrasonography

1. return of a disease or its symptoms _____
2. loss of movement in muscles _____
3. congenital anomaly in which fingers or toes are webbed (formed together)

4. four endocrine glands that are located near (behind) another endocrine gland in the neck

5. glands that are located above the kidneys _____
6. symptoms that come before the actual illness _____
7. technique of transferring genetic material from one organism into another

8. sliding, sagging downward or forward _____
9. new growth or tumor _____
10. process of using sound waves to create an image of organs and structures in the body

11. group of symptoms that occur together and indicate a particular disorder

12. symptoms lessen and a patient feels better _____

J Complete the following terms, based on their meanings as given.

1. pertaining to new birth: neo_____
2. after death: post _____
3. spread of a cancerous tumor: meta _____
4. branching into two: bi _____
5. increase in development (size of cells): hyper _____
6. pertaining to a chemical that works against bacterial life: _____ biotic
7. hand bones (beyond the wrist): _____ carpals
8. protein produced by leukocytes to fight foreign organisms: anti _____
9. group of symptoms that occur together: _____ drome
10. surface or skin tissue of the body: _____ thelium



Circle the correct term to complete the following sentences.

1. Dr. Tate felt that Mrs. Snow's condition of thrombocytopenia was a clear (**analysis**, **contraindication**, **synthesis**) to performing elective surgery.
2. Medical science was revolutionized by the introduction of (**antigens**, **antibiotics**, **antibodies**) in the 1940s. Now some infections can be treated with only one dose.
3. Robert's 82-year-old grandfather complained of (**malaise**, **dialysis**, **insomnia**) despite taking the sleeping medication that his doctor prescribed.
4. During her pregnancy, Ms. Payne described pressure on her (**pituitary gland**, **parathyroid gland**, **pubic symphysis**), making it difficult for her to find a comfortable position, even when seated.
5. Many times, people with diabetes accidentally take too much insulin. This results in lowering their blood sugar so much that they may be admitted to the emergency department with (**hyperplasia**, **hypoglycemia**, **hyperglycemia**).
6. Before his migraine headaches began, John noticed changes in his eyesight, such as bright spots, zigzag lines, and double vision. His physician told him that these were (**sympiotic**, **exophthalmic**, **prodromal**) symptoms.
7. After hiking in the Grand Canyon without an adequate water supply, Julie experienced (**hyperglycemia**, **dehydration**, **hypothyroidism**).
8. At 65 years of age, Paul Smith often felt fullness in his urinary bladder but had difficulty urinating. He visited his (**cardiologist**, **nephrologist**, **urologist**), who examined his prostate gland and diagnosed (**hyperplasia**, **atrophy**, **ischemia**). The doctor advised (**intracostal**, **transurethral**, **peritoneal**) resection of Paul's prostate.
9. After running the Boston Marathon, Elizabeth felt nauseated and dizzy. She realized that she was experiencing (**malaise**, **euphoria**, **hypoglycemia**) and drank a sports drink containing sugar, which made her feel better.
10. While she was taking an antibiotic that reacted with sunlight, Ruth's physician advised her that sunbathing was (**unilateral**, **contraindicated**, **contralateral**) and might cause a serious sunburn.
11. Puerperal (pertaining to childbirth) fever was an iatrogenic infection; it was carried from one woman to another by the doctor before the days of (**antigens**, **antibodies**, **antiseptis**).
12. Dysplastic nevi (abnormal pigmented lesions or moles) on a patient's skin may be a (**precancerous**, **metastatic**, **unilateral**) sign of malignant skin cancer called melanoma.
13. Nerve cells of the brain may (**relapse**, **hypertrophy**, **atrophy**) in old age because of ischemia caused by restricted blood flow.
14. Changes in cell growth resulting in cells that differ in size, shape, and appearance are the result of chronic inflammation and irritation. When the condition occurs in the uterine cervix, it is known as cervical (**prolapsed**, **paralysis**, **dysplasia**).

ANSWERS TO EXERCISES

A

- | | | |
|--------------------|---------------------|-----------------------|
| 1. before, forward | 5. no, not, without | 9. slow |
| 2. away from | 6. toward | 10. against, opposite |
| 3. up, apart | 7. self, own | 11. two |
| 4. against | 8. down | 12. together, with |

B

- | | | |
|----------------|------------------|------------------------|
| 1. anteflexion | 5. adrenal | 9. analysis |
| 2. adductor | 6. apnea | 10. bilateral |
| 3. antepartum | 7. contralateral | 11. anoxia |
| 4. bradycardia | 8. antisepsis | 12. congenital anomaly |

C

- | | | |
|---------------------|-----------------------|--------------|
| 1. antibiotic | 4. autoimmune disease | 7. anabolism |
| 2. catabolism | 5. antigen | 8. antibody |
| 3. contraindication | 6. antitoxin | |

D

- | | | |
|----------------------------|-----------------------------|---------------------|
| 1. out, outside | 6. deficient, under | 11. in, not |
| 2. bad, painful, difficult | 7. upon, on, above | 12. between |
| 3. down, lack of | 8. excessive, above, beyond | 13. within |
| 4. through, complete | 9. in, within | 14. below, inferior |
| 5. half | 10. good, well | 15. large |

E

- | | | |
|--------------------|-----------------|-------------------|
| 1. euthyroid | 7. endotracheal | 12. dysplasia |
| 2. dyspnea | 8. hypoglycemia | 13. hyperplasia |
| 3. ectopic | 9. macrocephaly | 14. endocardium |
| 4. endoscope | 10. intercostal | 15. infracostal |
| 5. hemiglossectomy | 11. intravenous | 16. hyperglycemia |
| 6. euphoria | | |

F

- | | | |
|----------------|-----------------------------|------------------|
| 1. malaise | 5. microscope | 9. diarrhea |
| 2. insomnia | 6. incision | 10. pancytopenia |
| 3. dehydration | 7. exophthalmos (proptosis) | 11. dialysis |
| 4. metastasis | 8. metamorphosis | 12. malignant |

G

- | | | |
|---------------------------|-------------------------|---------------------|
| 1. bad | 8. after, behind | 15. fast |
| 2. all | 9. before, forward | 16. together, with |
| 3. through | 10. before, in front of | 17. one |
| 4. change, beyond | 11. under | 18. across, through |
| 5. near, beside, abnormal | 12. above | 19. new |
| 6. surrounding | 13. back, again | 20. above, upon, on |
| 7. many, much | 14. behind, backward | |

H

- | | | |
|--|--|---|
| 1. <u>peri</u> osteum—membrane (structure) surrounding bone | 5. <u>poly</u> neuritis—inflammation of many nerves | 9. <u>tachy</u> pnea—rapid, fast breathing |
| 2. <u>percu</u> taneous—pertaining to through the skin | 6. <u>retro</u> flexion—bending backward | 10. <u>uni</u> lateral—pertaining to one side |
| 3. <u>retro</u> peritoneal—pertaining to behind the peritoneum | 7. <u>trans</u> urethral—pertaining to through the urethra | 11. <u>pro</u> sthesis—artificial limb or part of the body (literally, to put or place forward) |
| 4. <u>supra</u> pubic—above the pubic bone | 8. <u>sub</u> cutaneous—pertaining to below the skin | |

I

1. relapse
2. paralysis
3. syndactyly
4. parathyroid

5. adrenal
6. prodrome
7. recombinant DNA
8. prolapse

9. neoplasm
10. ultrasonography
11. syndrome
12. remission

J

1. neonatal
2. postmortem
3. metastasis
4. bifurcation

5. hypertrophy
6. antibiotic
7. metacarpals

8. antibody
9. syndrome
10. epithelium

K

1. contraindication
2. antibiotics
3. insomnia
4. pubic symphysis
5. hypoglycemia

6. prodromal
7. dehydration
8. urologist; hypertrophy;
transurethral
9. hypoglycemia

10. contraindicated
11. antisepsis
12. precancerous
13. atrophy
14. dysplasia

Answers to Practical Applications

1. **C** Ultrasonography is especially useful to detect fetal structures because no x-rays are used.
2. **E** Malignancies of the oral (mouth) cavity often are treated with surgery to remove the cancerous growth.
3. **A** Diseases such as hepatitis or hepatoma are diagnosed by performing a liver biopsy.
4. **I** Transfusion of leukocytes, erythrocytes, and platelets will increase numbers of these cells in the bloodstream.

5. **G** Placement of an endoscope through the mouth and esophagus and into the stomach is used to diagnose gastric (stomach) disease.
6. **D** A veterinarian performs a postmortem examination of an animal, which is called a necropsy.
7. **H** Endotracheal intubation is necessary during surgery in which general anesthesia is used.

8. **B** Patients experiencing loss of kidney function need dialysis to remove waste materials from the blood.
9. **J** Examples of antibiotics are penicillin, erythromycin, and amoxicillin.
10. **F** A TURP is a transurethral resection of the prostate gland.



PRONUNCIATION OF TERMS

To test your understanding of the terminology in this chapter, write the meaning of each term in the space provided. In addition, you may wish to cover the terms and write them by looking at your definitions. Make sure your spelling is correct. The CAPITAL letters indicate the accented syllable. The page number after each term indicates where it is defined or used in the book, so you can easily check your responses. You will find complete definitions for all of these terms and their audio pronunciations on the Evolve website.

Pronunciation Guide

ā as in āpe	ă as in ăpple
ē as in ēven	ě as in ěvery
ī as in īce	ĩ as in ĩnterest
ō as in ōpen	ő as in pőt
ū as in ūnit	ű as in űnder

TERM	PRONUNCIATION	MEANING
abductor (109)	ăb-DŮK-tŏr	_____
abnormal (109)	ăb-NÖR-măl	_____
adductor (110)	ă-DŮK-tŏr	_____
adrenal glands (110)	ă-DRĒ-năl glăndz	_____
anabolism (110)	ă-NĂ-bŏ-lizm	_____
analysis (110)	ă-NĂL-ĩ-sĩs	_____
anoxia (109)	ă-NÖK-sē-ă	_____
ante cibum (110)	ĂN-tē SĒ-bŭm	_____
anteflexion (110)	ăn-tē-FLĚK-shŭn	_____
antepartum (110)	ăn-tē-PĂR-tŭm	_____
antibiotic (111)	ăn-tĩ-bĩ-ÖT-ĩk	_____
antibody (111)	ĂN-tĩ-bŏd-ē	_____
antigen (111)	ĂN-tĩ-jĕn	_____
antiseptis (111)	ăn-tĩ-SĚP-sĩs	_____
antitoxin (111)	ăn-tĩ-TÖK-sĩn	_____
apnea (109)	ĂP-nē-ă or ăp-NĒ-ă	_____
autoimmune disease (111)	ăw-tŏ-ĩ-MŪN dĩ-ZĚZ	_____
benign (114)	bē-NĪN	_____
bifurcation (111)	bĩ-fŭr-KĂ-shŭn	_____
bilateral (111)	bĩ-LĂT-ěr-ăl	_____
bradycardia (111)	brăd-ē-KĂR-dē-ă	_____
catabolism (111)	kă-TĂB-ŏ-lizm	_____
congenital anomaly (111)	kŏn-JĚN-ĩ-tăl ă-NÖM-ă-lē	_____
connective tissue (111)	kŏn-NĚK-tiv Tĭ-shŭ	_____
contraindication (112)	kŏn-tră-in-dĩ-KĂ-shŭn	_____
contralateral (112)	kŏn-tră-LĂT-ěr-ăl	_____

TERM	PRONUNCIATION	MEANING
dehydration (112)	dē-hī-DRĀ-shŭn	_____
dialysis (112)	dī-ĀL-ī-sīs	_____
diameter (112)	dī-ĀM-ī-tēr	_____
diarrhea (112)	dī-ă-RE-ă	_____
dysplasia (112)	dīs-PLĀ-zē-ă	_____
dyspnea (112)	DĪSP-nē-ă <i>or</i> dīsp-NĒ-ă	_____
ectopic pregnancy (112)	ĕk-TŌP-ik PRĒG-năn-sē	_____
endocardium (113)	ĕn-dō-KĀR-dē-ŭm	_____
endoscope (113)	ĒN-dō-skōp	_____
endotracheal (113)	ĕn-dō-TRĀ-kē-ăl	_____
epithelium (113)	ĕp-ī-THĒ-lē-ŭm	_____
euphoria (113)	ū-FŌR-ē-ă	_____
euthyroid (113)	ū-THĪ-royd	_____
exophthalmos (113)	ĕk-sōf-THĀL-mōs	_____
hemiglossectomy (113)	hēm-ē-glōs-SĒK-tō-mē	_____
hyperglycemia (113)	hī-pēr-gli-SĒ-mē-ă	_____
hyperplasia (113)	hī-pēr-PLĀ-zē-ă	_____
hypertrophy (113)	hī-PĒR-trō-fē	_____
hypodermic injection (113)	hī-pō-DĒR-mīk ĩn-JĒK-shŭn	_____
hypoglycemia (113)	hī-pō-gli-SĒ-mē-ă	_____
incision (113)	ĩn-SĪZ-ŏn	_____
infracostal (114)	ĩn-fră-KŌS-tăl	_____
insomniac (113)	ĩn-SŌM-nē-ăk	_____
intercostal (114)	ĩn-tēr-KŌS-tăl	_____
intravenous (114)	ĩn-tră-VĒ-nŭs	_____
macrocephaly (114)	măk-rō-SĒF-ă-lē	_____
malaise (114)	măl-ĀZ	_____
malignant (114)	mă-LĪG-nănt	_____
metacarpal bones (114)	mě-tă-KĀR-păl bōnz	_____
metamorphosis (114)	mět-ă-MŌR-fō-sīs	_____
metastasis (114)	mě-TĀS-tă-sīs	_____
microscope (114)	MĪ-krō-skōp	_____
neonatal (114)	nē-ō-NĀ-tăl	_____
neoplasm (114)	NĒ-ō-plāzm	_____

TERM	PRONUNCIATION	MEANING
pancytopenia (114)	păn-sî-tō-PĒ-nē-ă	_____
paralysis (114)	pă-RĂL-î-sîs	_____
parathyroid glands (114)	păr-ă-THĪ-royd glănz	_____
percutaneous (115)	pěr-kū-TĂ-nē-ūs	_____
pericardium (115)	pě-rē-KĂR-dē-üm	_____
periosteum (115)	pěr-ē-ÖS-tē-üm	_____
polymorphonuclear (115)	pöl-ě-mör-fō-NŪ-klē-ăr	_____
polyneuritis (115)	pöl-ē-nū-RĪ-tis	_____
postmortem (115)	pöst-MÖR-tēm	_____
postpartum (115)	pöst-PĂR-tüm	_____
precancerous (115)	prē-KĂN-sēr-ūs	_____
prenatal (115)	prē-NĂ-tăl	_____
prodrome (115)	PRŌ-drôm	_____
prolapse (115)	PRŌ-lăps	_____
prosthesis (116)	prös-THĒ-sîs	_____
recombinant DNA (116)	rē-KÖM-bî-nănt DNA	_____
relapse (116)	RĒ-lăps	_____
remission (116)	rē-MĪ-shŭn	_____
retroflexion (116)	rět-rō-FLĚK-shŭn	_____
retroperitoneal (116)	rět-rō-pěr-î-tō-NĒ-ăl	_____
subcutaneous (116)	sŭb-kū-TĂ-nē-ūs	_____
suprapubic (116)	sŭ-pră-PŪ-bĭk	_____
symbiosis (117)	sĭm-bē-Ō-sîs	_____
symmetry (117)	SĪM-mě-trē	_____
symphysis (117)	SĪM-fĭ-sîs	_____
syndactyly (117)	sĭn-DĂK-tĭ-lē	_____
syndrome (117)	SĪN-drôm	_____
synthesis (117)	SĪN-thě-sîs	_____
tachypnea (118)	tă-KĪP-nē-ă <i>or</i> tăk-ĭp-NĒ-ă	_____
transfusion (118)	trăns-FŪ-zhŭn	_____
transurethral (118)	trăns-ŭ-RĒ-thrăl	_____
ultrasonography (118)	ŭl-tră-sō-NÖG-ră-fē	_____
unilateral (118)	ŭ-nē-LĂT-ěr-ăl	_____



REVIEW SHEET

Write the meanings of each word part in the space provided, and test yourself. Check your answers with the information in the chapter or in the Glossary (Medical Word Parts—English) at the end of the book.

Prefixes

PREFIX	MEANING	PREFIX	MEANING
a-, an-	_____	inter-	_____
ab-	_____	intra-	_____
ad-	_____	macro-	_____
ana-	_____	mal-	_____
ante-	_____	meta-	_____
anti-	_____	micro-	_____
auto-	_____	neo-	_____
bi-	_____	pan-	_____
brady-	_____	para-	_____
cata-	_____	per-	_____
con-	_____	peri-	_____
contra-	_____	poly-	_____
de-	_____	post-	_____
dia-	_____	pre-	_____
dys-	_____	pro-	_____
ec-, ecto-	_____	pros-	_____
en-, endo-	_____	re-	_____
epi-	_____	retro-	_____
eu-	_____	sub-	_____
ex-	_____	supra-	_____
hemi-	_____	syn-, sym-	_____
hyper-	_____	tachy-	_____
hypo-	_____	trans-	_____
in-	_____	ultra-	_____
infra-	_____	uni-	_____

Combining Forms

COMBINING FORM	MEANING	COMBINING FORM	MEANING
carp/o	_____	nect/o	_____
cib/o	_____	norm/o	_____
cost/o	_____	ophthalm/o	_____
cutane/o	_____	ox/o	_____
dactyl/o	_____	pub/o	_____
duct/o	_____	ren/o	_____
flex/o	_____	seps/o	_____
furc/o	_____	somn/o	_____
gloss/o	_____	son/o	_____
glyc/o	_____	the/o	_____
immun/o	_____	thyr/o	_____
later/o	_____	top/o	_____
morph/o	_____	tox/o	_____
mort/o	_____	trache/o	_____
nat/i	_____	urethr/o	_____
necr/o	_____	ven/o	_____

Suffixes

SUFFIX	MEANING	SUFFIX	MEANING
-blast	_____	-partum	_____
-crine	_____	-phoria	_____
-drome	_____	-physis	_____
-fusion	_____	-plasia	_____
-gen	_____	-plasm	_____
-lapse	_____	-pnea	_____
-lysis	_____	-ptosis	_____
-meter	_____	-rrhea	_____
-mission	_____	-stasis	_____
-or	_____	-trophy	_____

Prefixes with Similar Meanings

PREFIX	MEANING	PREFIX	MEANING
a-, an-, in-	_____	ec-, ecto-, ex-	_____
ante-, pre-, pro-	_____	endo-, in-, intra-	_____
anti-, contra-	_____	epi-, hyper-, supra-	_____
con-, syn-, sym-	_____	hypo-, infra-, sub-	_____
de-, cata-	_____	re-, retro-, post-	_____
dia-, per-, trans-	_____	ultra-, meta-	_____
dys-, mal-	_____		

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CHAPTER 5

Digestive System

This chapter is divided
into the following sections:

Introduction, 140

Anatomy and Physiology, 140

Vocabulary, 150

Terminology, 153

Pathology of the Digestive System, 159

In Person: Crohn Disease, 170

Exercises, 171

Answers to Exercises, 179

Pronunciation of Terms, 181

CHAPTER GOALS

- Name the organs of the digestive system and describe their locations and functions.
- Define combining forms for organs and know the meaning of related terminology.
- Describe signs, symptoms, and disease conditions affecting the digestive system.



INTRODUCTION

The digestive system is divided between Chapters 5 and 6. Chapter 5 covers the anatomy, physiology, pathology, and basic terminology of the system. Chapter 6 introduces additional terminology and review of digestive system terms, plus laboratory tests, clinical procedures, and abbreviations. My reason for not combining the chapters is that I did not want to overwhelm you with an extraordinarily long chapter so early in your study. In my own teaching, I find that my students are grateful for this separation, and especially for the breather and review of terminology in Chapter 6.

My choice to begin with the digestive system is based on a perception that this body system (resembling a long conveyor belt with the mouth at the entrance and anus at the exit) is one of the more straightforward and easiest to teach and understand. Keep in mind, however, that the book is organized so that you may begin study of the body systems with any chapter to create the order that best reflects your interests.

The digestive or **gastrointestinal tract** begins with the mouth, where food enters, and ends with the anus, where solid waste material leaves the body. The four functions of the system are **ingestion**, **digestion**, **absorption**, and **elimination**.

First, complex food material taken into the mouth is **ingested**. Second, it is **digested**, or broken down, mechanically and chemically, as it travels through the gastrointestinal tract. Digestive **enzymes** speed up chemical reactions and aid the breakdown (digestion) of complex nutrients. Complex proteins are digested to simpler **amino acids**; complicated sugars are reduced to simple sugars, such as **glucose**; and large fat or lipid molecules are broken down to simpler substances such as **fatty acids** and **triglycerides** (three parts fatty acids and one part glycerol). Digestion occurs in the mouth, stomach, and small intestine.

Third, via **absorption**, digested food passes through the lining cells or epithelium of the small intestine and into the bloodstream. Nutrients thus travel to all cells of the body. Cells then break down nutrients in the presence of oxygen to release energy. Cells also use amino acid nutrients to build up large protein molecules needed for growth and development. In addition, fat molecules are absorbed into lymphatic vessels from the intestine.

The fourth function of the digestive system is **elimination** of the solid waste materials that cannot be absorbed into the bloodstream. The large intestine concentrates these solid wastes, called **feces**, and the wastes finally pass out of the body through the anus.

ANATOMY AND PHYSIOLOGY

ORAL CAVITY

The gastrointestinal tract begins with the oral cavity. Oral means pertaining to the mouth (or/o). Label Figure 5-1 as you learn the major parts of the oral cavity.

The **cheeks** [1] form the walls of the oval-shaped oral cavity, and the **lips** [2] surround the opening to the cavity.

The **hard palate** [3] forms the anterior portion of the roof of the mouth, and the muscular **soft palate** [4] lies posterior to it. **Rugae** are irregular ridges in the mucous membrane covering the anterior portion of the hard palate. The **uvula** [5], a small soft tissue projection, hangs from the soft palate. It aids production of sounds and speech.

The **tongue** [6] extends across the floor of the oral cavity, and muscles attach it to the lower jawbone. It moves food around during **mastication** (chewing) and **deglutition** (swallowing). **Papillae**, small raised areas on the tongue, contain taste buds that are sensitive to the chemical nature of foods and allow discrimination of different tastes as food moves across the tongue.

COMBINING FORMS

1. bucc/o
2. cheil/o, labi/o
3. palat/o
4. palat/o
5. uvul/o
6. gloss/o, lingu/o
7. tonsill/o
8. gingiv/o
9. dent/i, odont/o

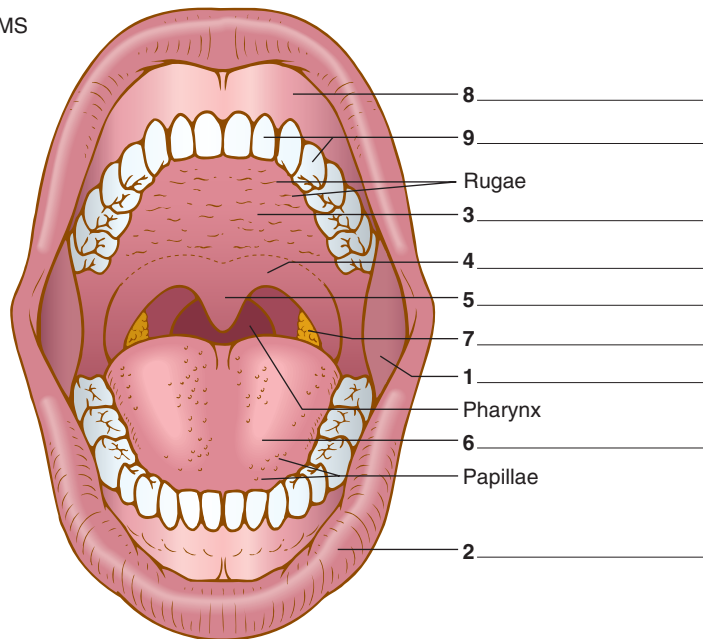


FIGURE 5-1 Oral cavity.

The **tonsils** [7], masses of lymphatic tissue located in depressions of the mucous membranes, lie on both sides of the oropharynx (part of the throat near the mouth). They are filters to protect the body from the invasion of microorganisms and produce lymphocytes, disease-fighting white blood cells.

The **gums** [8] are the fleshy tissue surrounding the sockets of the **teeth** [9]. Figure 5-2 shows a dental arch with 16 permanent teeth (there are 32 permanent teeth in the entire oral cavity). The names of the teeth are labeled in Figure 5-2.

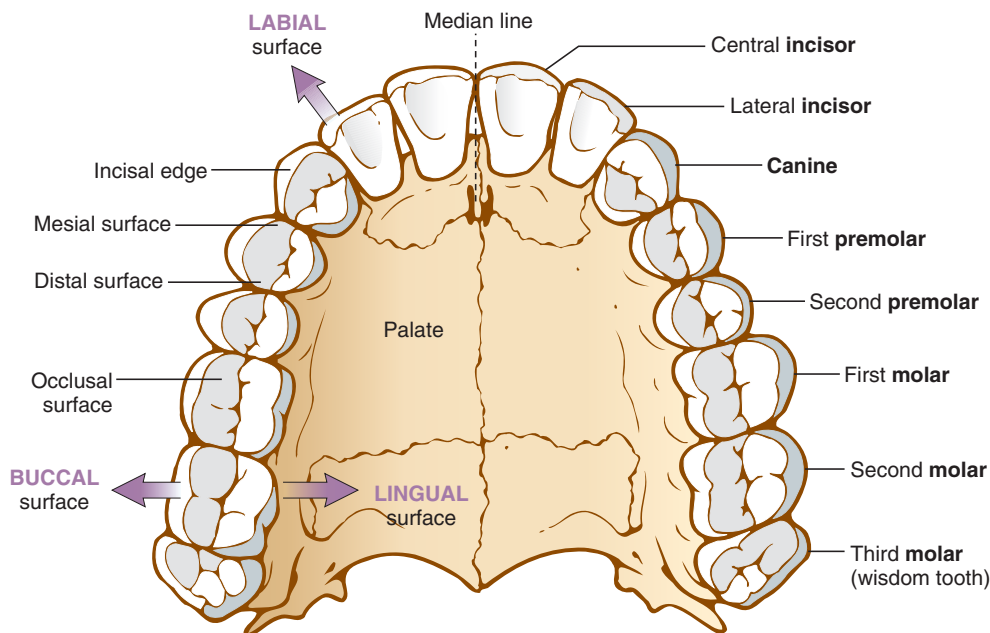


FIGURE 5-2 Upper permanent teeth within the dental arch. The **buccal** surface faces the cheek, whereas the **lingual** surface faces the tongue. The **labial** surface faces the lips. Dentists refer to the labial and buccal surfaces as the **facial** (faci/o = face) surface.

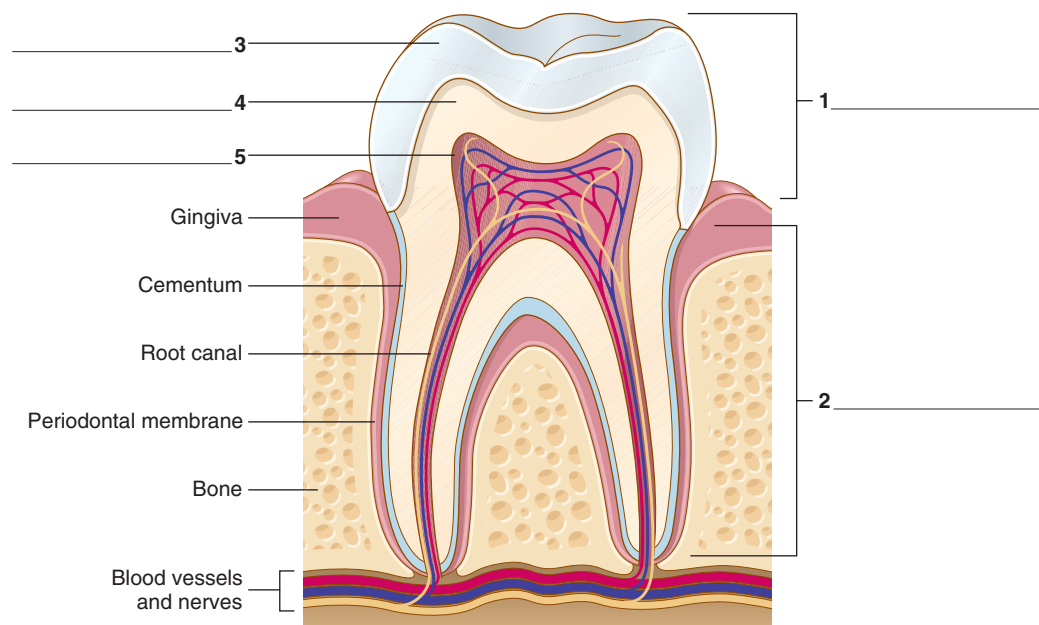


FIGURE 5-3 Anatomy of a tooth.

Figure 5-3 shows the inner anatomy of a tooth. Label it as you read the following description:

A tooth consists of a **crown** [1], which shows above the gum line, and a **root** [2], which lies within the bony tooth socket. The outermost protective layer of the crown, the **enamel** [3], protects the tooth. Enamel is a dense, hard, white substance—the hardest substance in the body. **Dentin** [4], the main substance of the tooth, lies beneath the enamel and extends throughout the crown. Dentin is yellow and composed of bony tissue that is softer than enamel. The **cementum** covers, protects, and supports the dentin in the root. A **periodontal membrane** surrounds the cementum and holds the tooth in place in the tooth socket.

The **pulp** [5] lies underneath the dentin. This soft and delicate tissue fills the center of the tooth. Blood vessels, nerve endings, connective tissue, and lymphatic vessels are within the pulp canal (also called the **root canal**). Root canal therapy often is necessary when disease or abscess (pus collection) occurs in the pulp canal. A dentist opens the tooth from above and cleans the canal of infected tissue, nerves, and blood vessels. The canal is then disinfected and filled with material to prevent the entrance of microorganisms that could cause decay.

Three pairs of **salivary glands** (Figure 5-4) surround and empty into the oral cavity. These exocrine glands produce **saliva**, which lubricates the mouth. Saliva contains important digestive **enzymes** as well as healing growth factors such as cytokines. Saliva is released from a **parotid gland** [1], **submandibular gland** [2], and **sublingual gland** [3] on both sides of the mouth. Narrow ducts carry saliva into the oral cavity. The glands produce about 1.5 liters of saliva daily.

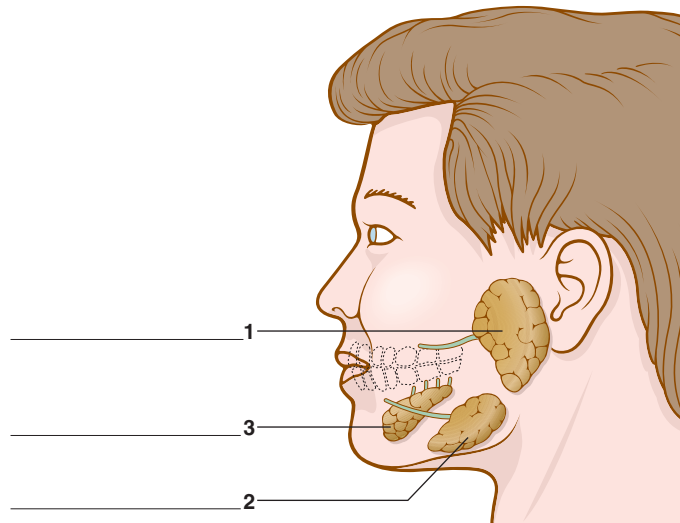


FIGURE 5-4 Salivary glands.

PHARYNX

Refer to Figure 5-5. The **pharynx** or **throat** is a muscular tube, about 5 inches long, lined with a mucous membrane. It serves as a passageway both for air traveling from the nose (nasal cavity) to the windpipe (trachea) and for food traveling from the oral cavity to the **esophagus**. When swallowing (**deglutition**) occurs, a cartilaginous flap of tissue, the epiglottis, covers the trachea so that food cannot enter and become lodged there. See Figure 5-5A and B.

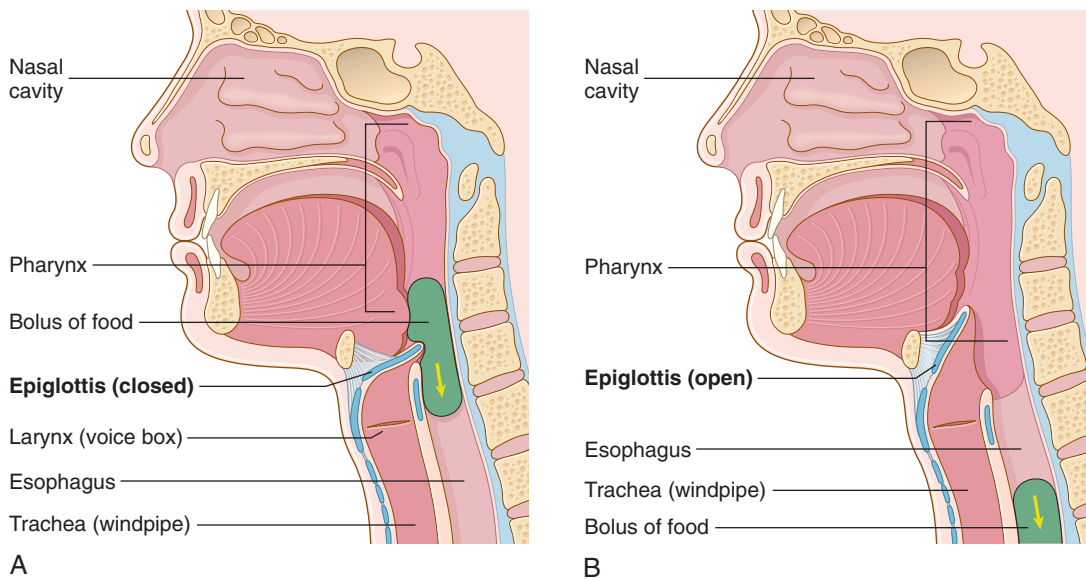


FIGURE 5-5 Deglutition (swallowing). **A**, Epiglottis closes over the trachea as the bolus of food passes down the pharynx toward the esophagus. **B**, Epiglottis opens as the bolus moves down the esophagus.

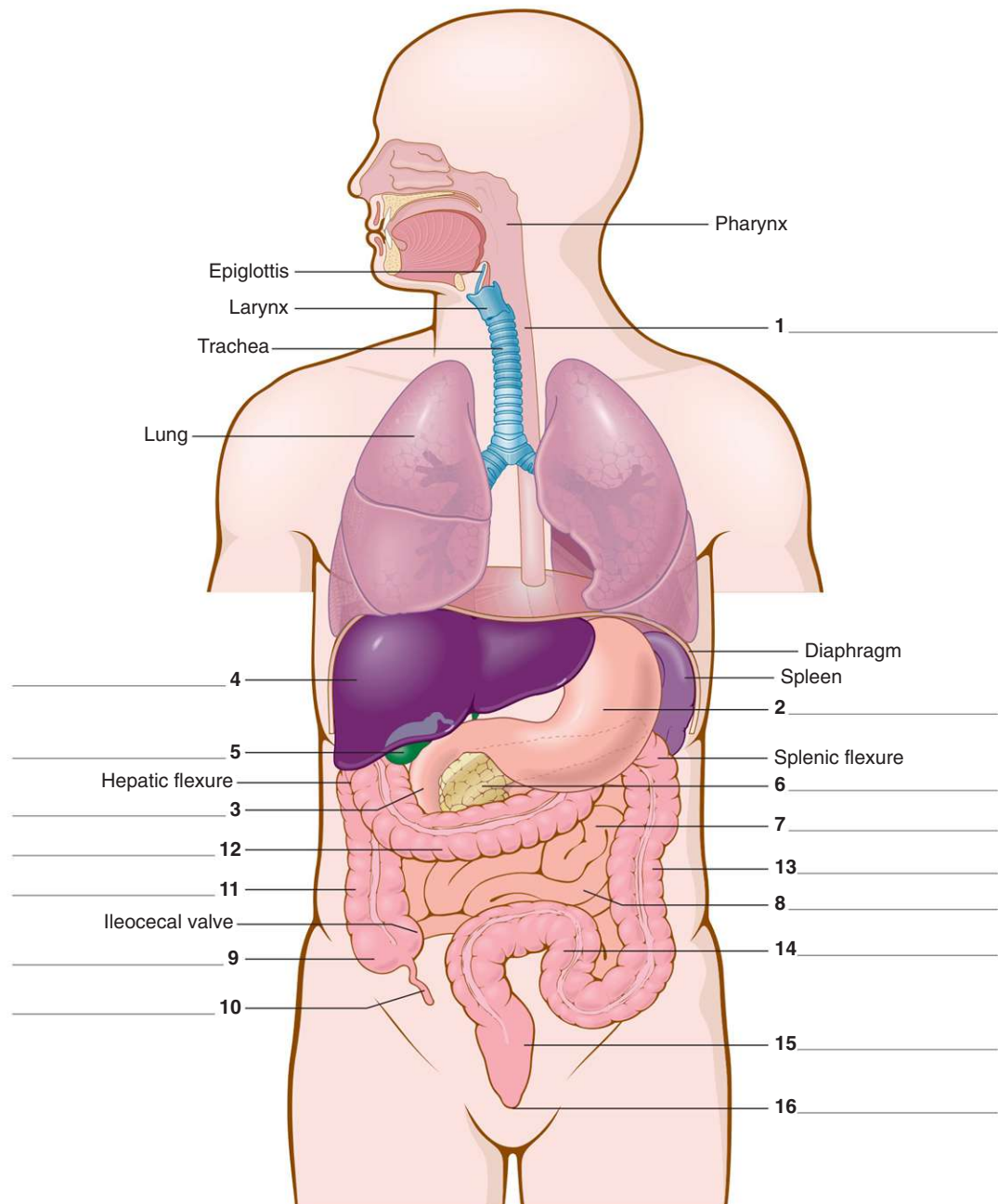


FIGURE 5-6 The gastrointestinal tract.

Figure 5-6 shows the passageway for food as it travels from the esophagus through the gastrointestinal tract. Label it as you read the following paragraphs.

ESOPHAGUS

The **esophagus** [1] is a 9- to 10-inch muscular tube extending from the pharynx to the stomach. **Peristalsis** is the involuntary, progressive, rhythmic contraction of muscles in the wall of the esophagus (and other gastrointestinal organs) propelling a **bolus** (mass of food) down toward the stomach. The process is like squeezing a marble through a rubber tube.

STOMACH

Food passes from the esophagus into the **stomach** [2]. The stomach (Figure 5-7) has three main parts: **fundus** (upper portion), **body** (middle section), and **antrum** (lower portion). Rings of muscle called **sphincters** control the openings into and leading out of the stomach. They prevent food from regurgitating (flowing backward from the normal direction). The **lower esophageal sphincter** relaxes and contracts to move food from the esophagus into the stomach; the **pyloric sphincter** allows food to leave the stomach when it is ready. Folds in the mucous membrane (**mucosa**) lining the stomach are called **rugae**. The rugae increase surface area for digestion and contain digestive glands that produce the enzyme **pepsin** (to begin digestion of proteins) and **hydrochloric acid**.

Besides beginning the digestion of proteins, the stomach prepares food for the small intestine, where further digestion and absorption into the bloodstream take place. The stomach controls passage of foods into the first part of the small intestine so that it proceeds only when it is chemically ready and in small amounts. Food leaves the stomach in 1 to 4 hours or longer, depending on the amount and type of food eaten.

SMALL INTESTINE (SMALL BOWEL)

(Continue labeling Figure 5-6 on page 144.)

The **small intestine (small bowel)** extends for 20 feet from the pyloric sphincter to the first part of the large intestine. It has three parts. The first section, the **duodenum** [3], is only 1 foot long. It receives food from the stomach as well as **bile** from the **liver** [4] and **gallbladder** [5] and pancreatic juice from the **pancreas** [6]. Enzymes and bile help digest food before it passes into the second part of the small intestine, the **jejunum** [7], about 8 feet long. The jejunum connects with the third section, the **ileum** [8], about 11 feet long. The ileum attaches to the first part of the large intestine.

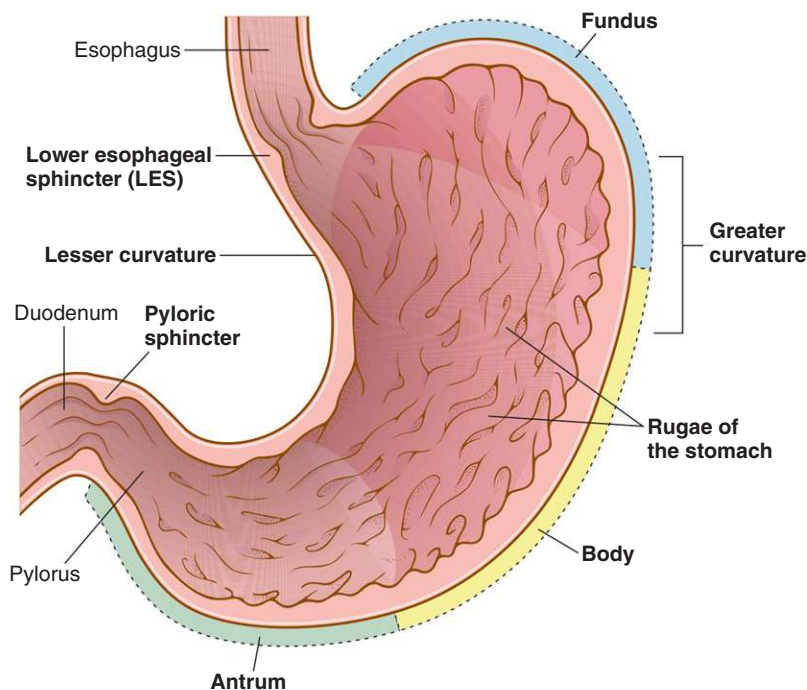


FIGURE 5-7 Parts of the stomach. The **fundus** and **body** (often referred to collectively as the fundus) are a reservoir for ingested food and an area for action by acid and pepsin (gastric enzyme). The **antrum** is a muscular grinding chamber that breaks up food and feeds it gradually into the duodenum.

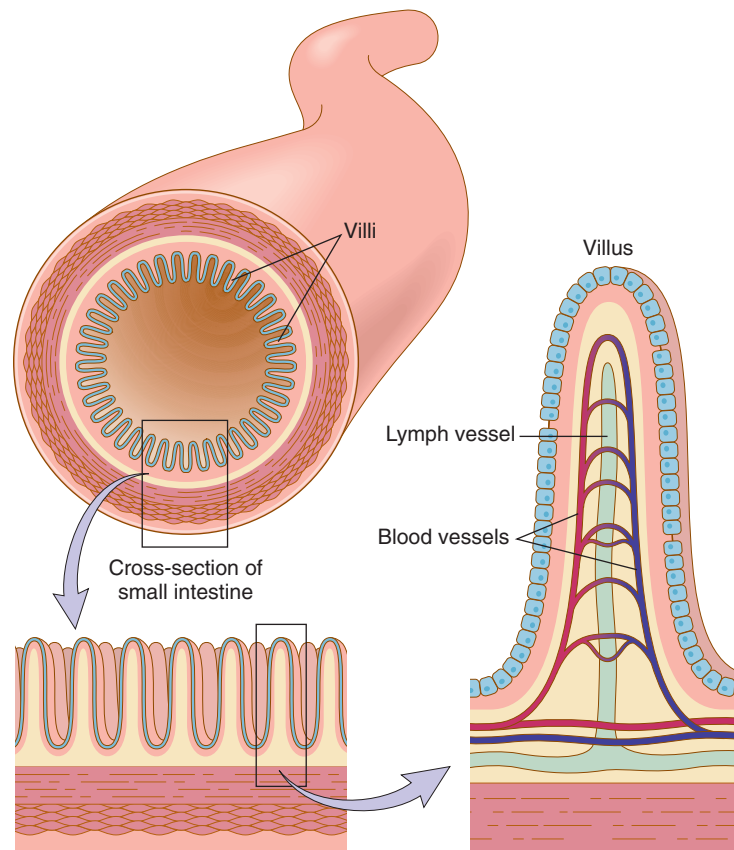


FIGURE 5-8 Villi in the lining of the small intestine. Villi increase the surface area for absorption of nutrients.

Millions of tiny, microscopic projections called **villi** line the walls of the small intestine. The tiny capillaries (microscopic blood vessels) in the villi absorb the digested nutrients into the bloodstream and lymph vessels. Figure 5-8 shows several different views of villi in the lining of the small intestine.

LARGE INTESTINE (LARGE BOWEL)

(Continue labeling Figure 5-6 on page 144.)

The **large intestine** extends from the end of the ileum to the anus. It has three main components: the cecum, the colon, and the rectum. The **cecum** [9] is a pouch on the right side that connects to the ileum at the ileocecal valve (sphincter). The **appendix** [10] hangs from the cecum. The appendix has no clear function and can become inflamed and infected when clogged or blocked. The **colon**, about 5 feet long, has four named segments: ascending, descending, transverse, and sigmoid. The **ascending colon** [11] extends from the cecum to the undersurface of the liver, where it turns to the left (hepatic flexure) to become the **transverse colon** [12]. The transverse colon passes horizontally to the left toward the spleen and then turns downward (splenic flexure) into the **descending colon** [13]. The **sigmoid colon** [14], shaped like an S (sigmoid means resembling the Greek letter sigma, which curves like the letter S), begins at the distal end of the descending colon and leads into the **rectum** [15]. The rectum terminates in the lower opening of the gastrointestinal tract, the **anus** [16].

The large intestine receives the fluid waste products of digestion (the material unable to pass into the bloodstream) and stores these wastes until they can be released from the body. Because the large intestine absorbs most of the water within the waste material, the body can expel solid **feces** (stools). **Defecation** is the expulsion or passage of feces from

the body through the anus. Diarrhea, or passage of watery stools, results from reduced water absorption into the bloodstream through the walls of the large intestine.

LIVER, GALLBLADDER, AND PANCREAS

Three important additional organs of the digestive system—the liver, gallbladder, and pancreas—play crucial roles in the proper digestion and absorption of nutrients. Label Figure 5-9 as you study the following:

The **liver** [1], located in the right upper quadrant (RUQ) of the abdomen, manufactures a thick, orange-black, sometimes greenish, fluid called **bile**. Bile contains cholesterol (a fatty substance), bile acids, and several bile pigments. One of these pigments, **bilirubin**, is produced from the breakdown of hemoglobin during normal red blood cell destruction. Bilirubin travels via the bloodstream to the liver, where it is conjugated or converted into a water-soluble form. Conjugated bilirubin is then added to bile and enters the intestine (duodenum). Bacteria in the colon degrade bilirubin into a variety of pigments that give feces a brownish color. Bilirubin and bile leave the body in feces.

If the bile duct is blocked or the liver is damaged and unable to excrete bilirubin into bile, the bilirubin remains in the bloodstream, causing **jaundice (hyperbilirubinemia)**—yellow discoloration of the skin, whites of the eyes, and mucous membranes. Figure 5-10 reviews the path of bilirubin from red blood cell destruction (hemolysis) to elimination with bile in the feces.

(Continue labeling Figure 5-9.)

The liver continuously releases bile, which then travels through the **hepatic duct** to the **cystic duct**. The cystic duct leads to the **gallbladder** [2], a pear-shaped sac under the liver, which stores and concentrates the bile for later use. After meals, in response to the presence of food in the stomach and duodenum, the gallbladder contracts, forcing the bile out the cystic duct into the **common bile duct** [3]. Meanwhile, the **pancreas** [4] secretes pancreatic juices (enzymes) that are released into the **pancreatic duct** [5], which joins with the common bile duct just as it enters the **duodenum** [6]. The duodenum thus receives a mixture of bile and pancreatic juices.

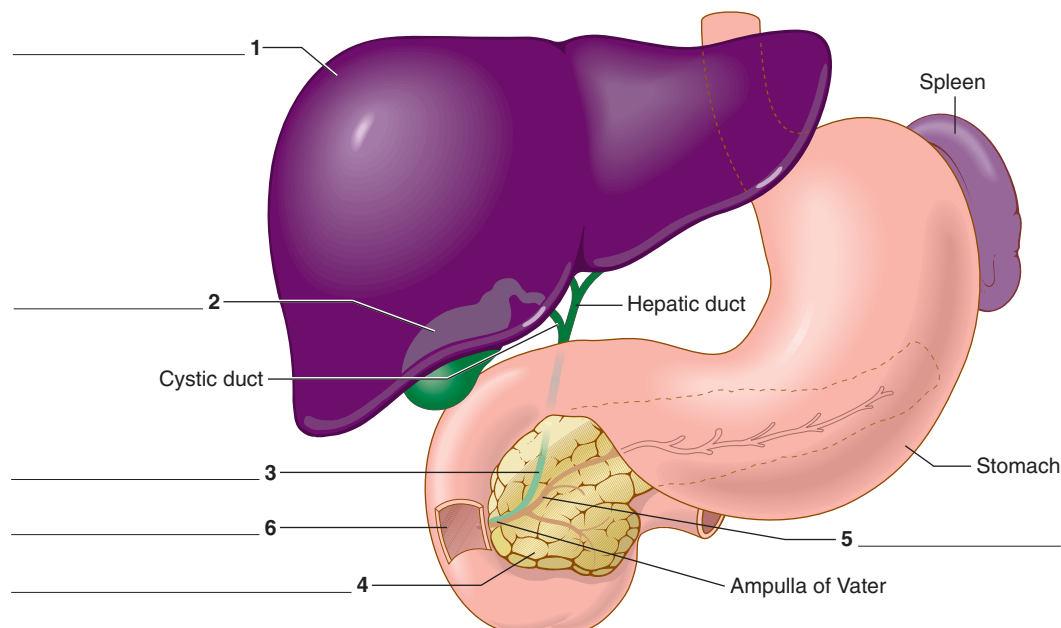


FIGURE 5-9 Liver, gallbladder, and pancreas. The **ampulla of Vater** is at the junction of the pancreatic duct and common bile duct entering the duodenum.

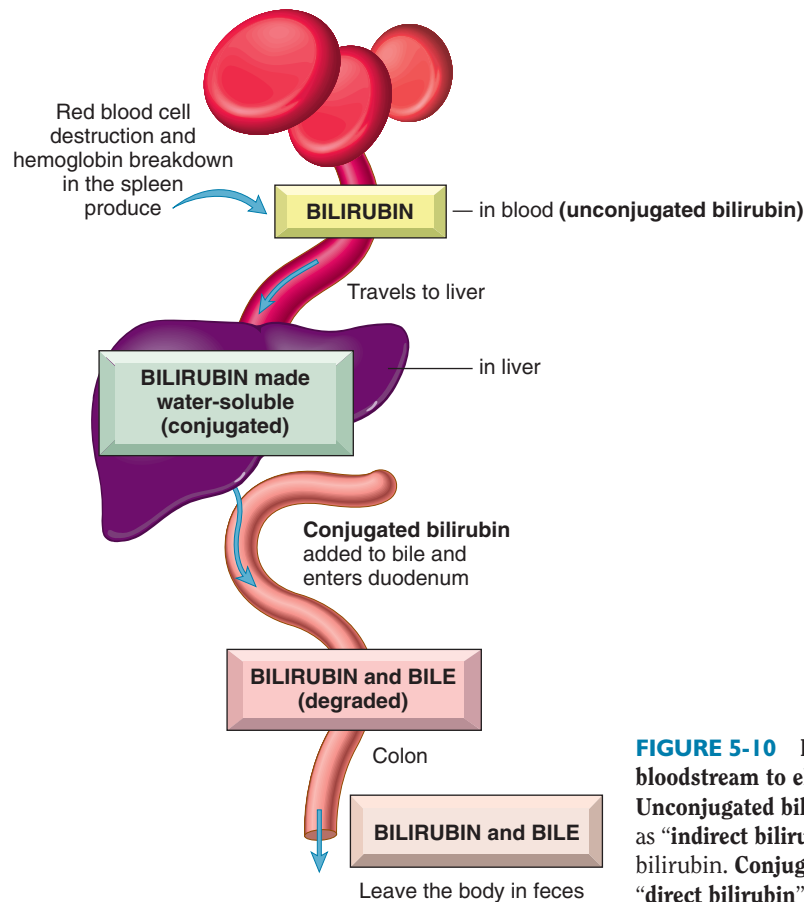


FIGURE 5-10 Bilirubin pathway from bloodstream to elimination in feces.

Unconjugated bilirubin (measured in lab tests as "indirect bilirubin") is prehepatic, free bilirubin. Conjugated bilirubin (measured as "direct bilirubin") is posthepatic bilirubin.

Bile has a detergent-like effect on fats in the duodenum. In the process of **emulsification**, bile breaks apart large fat globules, creating more surface area so that enzymes from the pancreas can digest the fats. Without bile, most of the fat taken into the body remains undigested.

Besides producing bile, the liver has several other vital and important functions:

- Maintaining normal blood **glucose** (sugar) levels. The liver removes excess glucose from the bloodstream and stores it as **glycogen** (starch) in liver cells. When the blood sugar level becomes dangerously low, the liver converts stored glycogen back into glucose via a process called **glycogenolysis**. In addition, the liver can convert proteins and fats into glucose, when the body needs sugar, by a process called **gluconeogenesis**.
- Manufacturing blood proteins, particularly those necessary for blood clotting
- Releasing bilirubin, a pigment in bile
- Removing poisons (toxins) from the blood

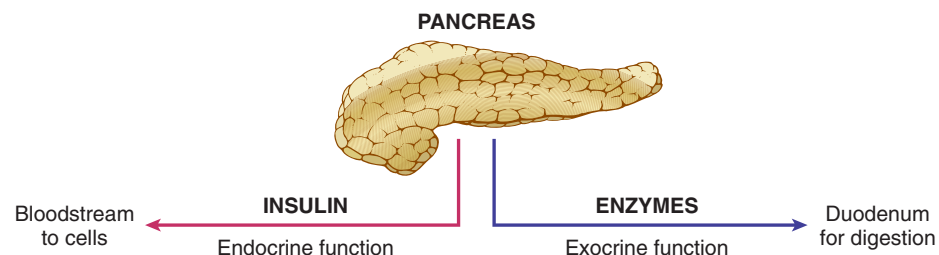


FIGURE 5-11 The pancreas and its functions.

The **portal vein** brings blood to the liver from the intestines. Digested foods pass into the portal vein directly after being absorbed into the capillaries of the small intestine, thus giving the liver the first chance to use the nutrients.

The **pancreas** (Figure 5-11) is both an exocrine and an endocrine organ. As an exocrine gland, it produces enzymes to digest starch, such as **amylase** (amyl/o = starch, -ase = enzyme), to digest fat, such as **lipase** (lip/o = fat), and to digest proteins, such as **protease** (prote/o = protein). These pass into the duodenum through the pancreatic duct.

As an endocrine gland (secreting into the bloodstream), the pancreas secretes **insulin**. This hormone, needed to help release sugar from the blood, acts as a carrier to bring glucose into cells of the body to be used for energy.

Figure 5-12 is a flow chart that traces the pathway of food through the gastrointestinal tract.

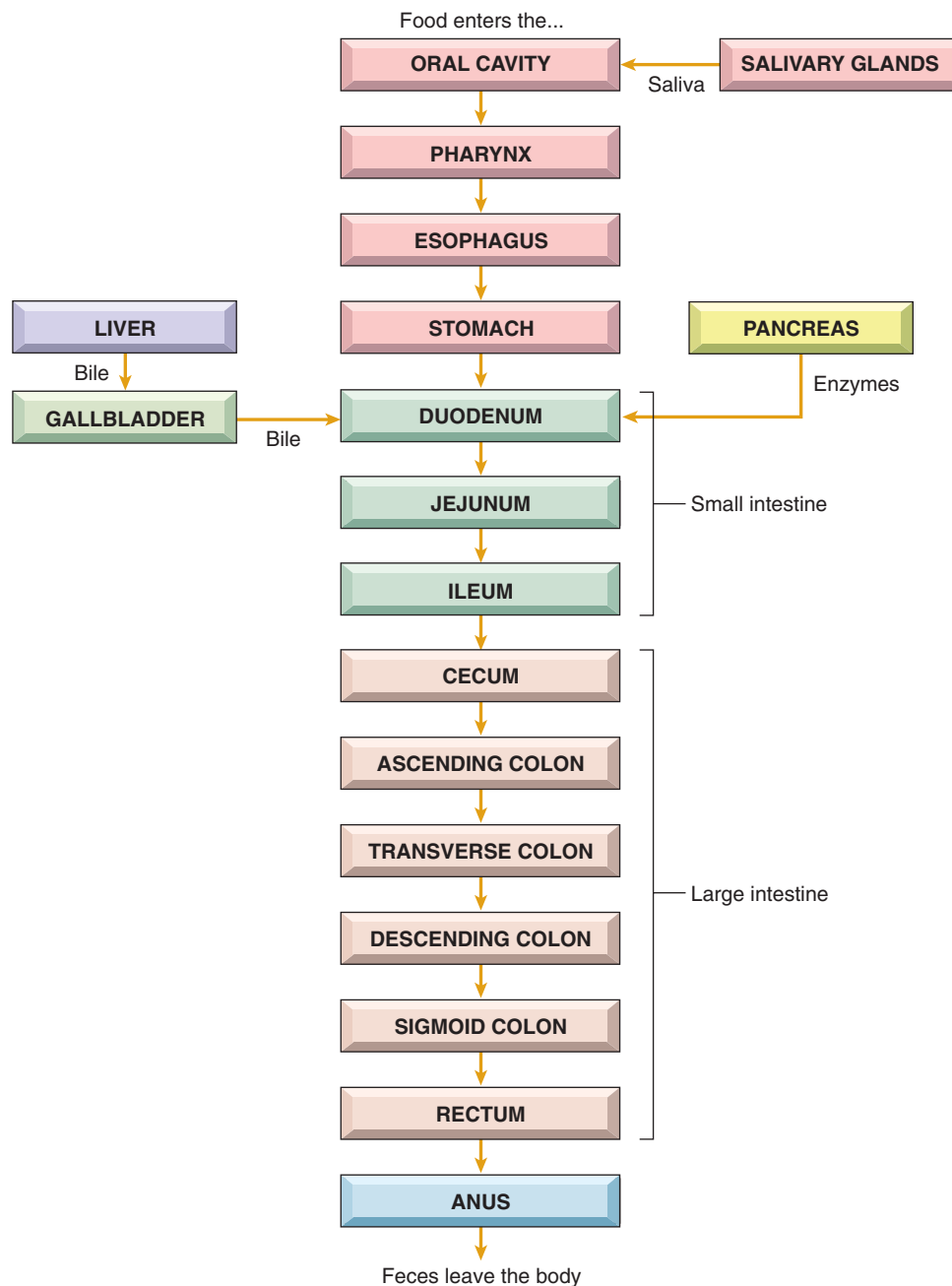


FIGURE 5-12 Pathway of food through the gastrointestinal tract.



VOCABULARY

The following list reviews many of the terms introduced in this chapter. Short definitions and additional information reinforce your understanding of the terms. All of the terms are included in the “Pronunciation of Terms” section later in the chapter.

absorption	Passage of materials through the walls of the small intestine into the bloodstream.
amino acids	Small building blocks of proteins (like links in a chain), released when proteins are digested.
amylase	Enzyme (-ase) secreted by the pancreas and salivary glands to digest starch (amyl/o).
anus	Terminal end or opening of the digestive tract to the outside of the body.
appendix	Blind pouch hanging from the cecum (in the right lower quadrant [RLQ]). It literally means hanging (pend/o) onto (ap-, which is a form of ad-).
bile	Digestive juice made in the liver and stored in the gallbladder. It breaks up (emulsifies) large fat globules. Bile originally was called gall (Latin <i>bilis</i> , meaning gall or anger), probably because it has a bitter taste. It is composed of bile pigments (colored materials), cholesterol, and bile salts.
bilirubin	Pigment released by the liver in bile.
bowel	Intestine.
canine teeth	Pointed, dog-like teeth (canine means pertaining to dog) next to the incisors. Also called cuspids or eyeteeth.
cecum	First part of the large intestine.
colon	Portion of the large intestine consisting of the ascending, transverse, descending, and sigmoid segments.
common bile duct	Carries bile from the liver and gallbladder to the duodenum. Also called the choledochus.
defecation	Elimination of feces from the digestive tract through the anus.
deglutition	Swallowing.
dentin	Primary material found in teeth. It is covered by the enamel in the crown and a protective layer of cementum in the root.
digestion	Breakdown of complex foods to simpler forms.
duodenum	First part of the small intestine. Duo = 2, den = 10; the duodenum measures 12 inches long.
elimination	Act of removal of materials from the body; in the digestive system, the removal of indigestible materials as feces.
emulsification	Physical process of breaking up large fat globules into smaller globules, thereby increasing the surface area that enzymes can use to digest the fat.

enamel	Hard, outermost layer of a tooth.
enzyme	Chemical that speeds up a reaction between substances. Digestive enzymes break down complex foods to simpler substances. Enzymes are given names that end in -ase.
esophagus	Tube connecting the throat to the stomach. Eso- means inward; phag/o means swallowing.
fatty acids	Substances produced when fats are digested. Fatty acids are a category of lipids.
feces	Solid wastes; stool.
gallbladder	Small sac under the liver; stores bile. <i>Remember:</i> gallbladder is one word!
glucose	Simple sugar.
glycogen	Starch; glucose is stored in the form of glycogen in liver cells.
hydrochloric acid	Substance produced by the stomach; necessary for digestion of food.
ileum	Third part of the small intestine; from the Greek <i>eilos</i> , meaning twisted. When the abdomen was viewed at autopsy, the intestine appeared twisted, and the ileum often was an area of obstruction.
incisor	Any one of four front teeth in the dental arch.
insulin	Hormone produced by the endocrine cells of the pancreas. It transports sugar from the blood into cells and stimulates glycogen formation by the liver.
jejunum	Second part of the small intestine. The Latin <i>jejunos</i> means empty; this part of the intestine was always empty when a body was examined after death.
lipase	Pancreatic enzyme necessary to digest fats.
liver	Large organ located in the RUQ of the abdomen. The liver secretes bile; stores sugar, iron, and vitamins; produces blood proteins; destroys worn-out red blood cells; and filters out toxins. The normal adult liver weighs about 2½ to 3 pounds.
lower esophageal sphincter (LES)	Ring of muscles between the esophagus and the stomach. Also called cardiac sphincter .
mastication	Chewing.
molar teeth	Sixth, seventh, and eighth teeth from the middle on either side of the dental arch. Premolar teeth are the fourth and fifth teeth, before the molars.
palate	Roof of the mouth. The hard palate lies anterior to the soft palate and is supported by the upper jawbone (maxilla). The soft palate is the posterior fleshy part between the mouth and the throat.
pancreas	Organ under the stomach; produces insulin (for transport of sugar into cells) and enzymes (for digestion of foods).
papillae (singular: papilla)	Small elevations on the tongue. A papilla is a nipple-like elevation.
parotid gland	Salivary gland within the cheek, just anterior to the ear. Note the literal meaning of parotid (par- = near; ot/o = ear).

peristalsis	Rhythmic contractions of the tubular organs. In the gastrointestinal tract, peristalsis moves the contents through at different rates: stomach, 0.5 to 2 hours; small intestine, 2 to 6 hours; and colon, 6 to 72 hours. Peri- means surrounding; -stalsis is constriction.
pharynx	Throat, the common passageway for food from the mouth and for air from the nose.
portal vein	Large vein bringing blood to the liver from the intestines. 🚫
protease	Enzyme that digests protein.
pulp	Soft tissue within a tooth, containing nerves and blood vessels.
pyloric sphincter	Ring of muscle at the end of the stomach, near the duodenum. From the Greek <i>pyloros</i> , meaning gatekeeper. It is normally closed, but opens when a wave of peristalsis passes over it.
pylorus	Distal region of the stomach, opening to the duodenum.
rectum	Last section of the large intestine, connecting the end of the colon and the anus.
rugae	Ridges on the hard palate and the wall of the stomach.
saliva	Digestive juice produced by salivary glands. Saliva contains the enzyme amylase, which begins the digestion of starch to sugar.
salivary glands	Parotid, sublingual, and submandibular glands.
sigmoid colon	Fourth and last, S-shaped segment of the colon, just before the rectum; empties into the rectum.
sphincter	Circular ring of muscle that constricts a passage or closes a natural opening.
stomach	Muscular organ that receives food from the esophagus. The stomach's parts are the fundus (proximal section), body (middle section), and antrum (distal section).

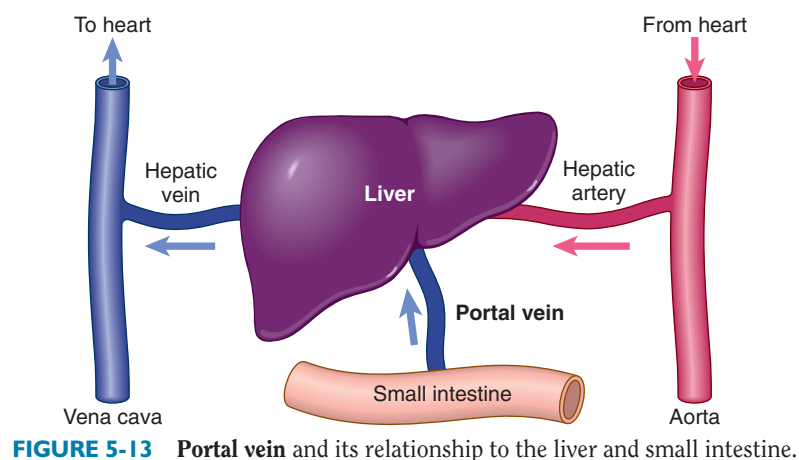


FIGURE 5-13 Portal vein and its relationship to the liver and small intestine.



Portal Vein

Notice the relationship of the **portal vein** (also called **hepatic portal vein**) between the intestines and the liver (Figure 5-13). This vein is not a true vein because it doesn't conduct blood directly to the heart as do other veins. In liver disease, blood backs up into the portal vein, causing **portal hypertension** (high blood pressure) and **esophageal varices**. See page 162.

triglycerides	Fat molecules composed of three parts fatty acids and one part glycerol. Triglycerides (fats) are a subgroup of lipids . Another type of lipid is cholesterol.
uvula	Soft tissue hanging from the middle of the soft palate. The Latin <i>uva</i> means bunch of grapes.
villi (singular: villus)	Microscopic projections in the wall of the small intestine that absorb nutrients into the bloodstream.



TERMINOLOGY

Write the meaning of the medical term in the space provided. Check the “Pronunciation of Terms” on pages 181 to 186 for any unfamiliar words.

PARTS OF THE BODY

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
an/o	anus	perianal _____	
append/o	appendix	appendectomy _____	
appendic/o		appendicitis _____ <i>See Figure 5-14.</i>	
bucc/o	cheek	buccal mucosa _____ <i>A mucosa is a mucous membrane lining cavities or canals that open to the outside of the body.</i>	
cec/o	cecum	cecal _____	
celi/o	belly, abdomen	celiac _____ <i>Abdomin/o and lapar/o also mean abdomen. With combining forms that have the same basic meaning, no rule exists for the proper usage of one or the other. You will learn to recognize each in its proper context.</i>	

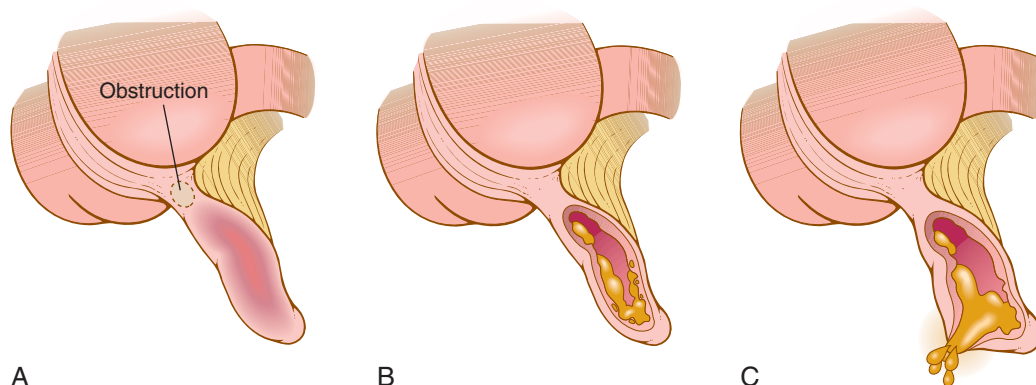


FIGURE 5-14 Stages of appendicitis. **A**, Obstruction and bacterial infection cause red, swollen, and inflamed appendix. **B**, Pus and bacteria invade the wall of the appendix. **C**, Pus perforates (ruptures through) the wall of the appendix into the abdomen, leading to peritonitis (inflammation of the peritoneum).

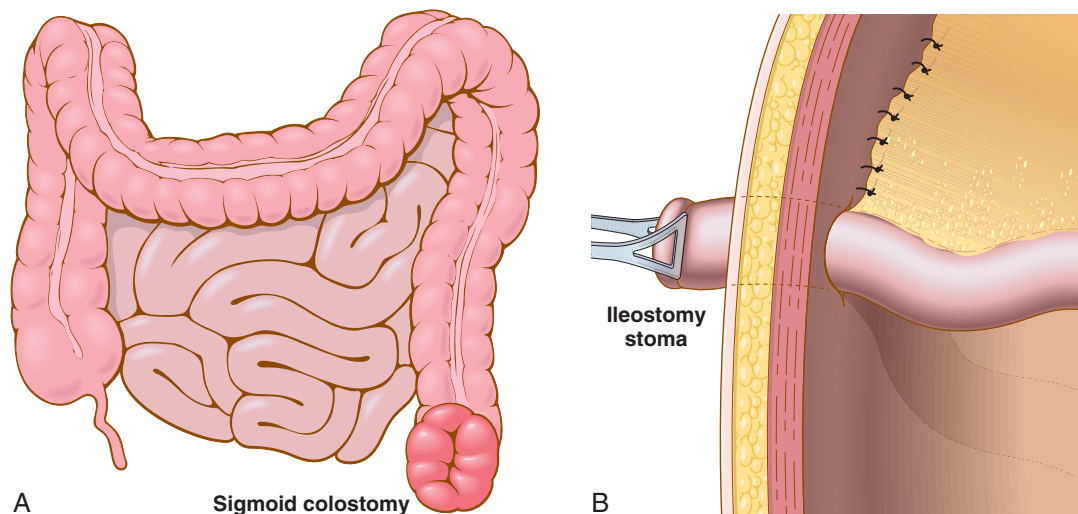


FIGURE 5-15 Different types of stomas. **A, Sigmoid colostomy** after resection of the rectum and part of the sigmoid colon. The stoma is at the end of the colon and attached to the abdominal wall. **B, Ileostomy** after resection of the entire colon. The ileum is drawn through the abdominal wall to form an **ileostomy stoma**.

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
cheil/o	lip	<u>cheilosis</u> _____ <i>Labi/o</i> also means lip.	
cholecyst/o 🍷	gallbladder	<u>cholecystectomy</u> _____ <i>Chol/e</i> = gall, bile.	
choledoch/o	common bile duct	<u>choledochotomy</u> _____	
col/o	colon	<u>colostomy</u> _____ <i>The suffix -stomy, when used with a combining form for an organ, means an opening to the outside of the body. A stoma is an opening between an organ and the surface of the body (Figure 5-15).</i>	
colon/o	colon	<u>colonic</u> _____ <u>colonoscopy</u> _____	
dent/i	tooth	<u>dentibuccal</u> _____ <i>Odont/o</i> also means tooth.	
duoden/o	duodenum	<u>duodenal</u> _____	
enter/o	intestines, usually small intestine	<u>enterocolitis</u> _____ <i>When two combining forms for gastrointestinal organs are in a term, the one for the organ closer to the mouth appears first.</i>	



Cholecyst/o and cyst/o

Don't confuse **cholecyst/o** (gallbladder) with **cyst/o**, which is the **urinary bladder**.

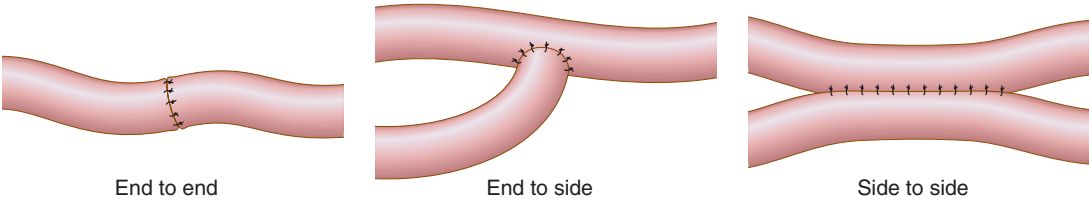


FIGURE 5-16 Three types of anastomoses. These are examples of an enteroenterostomy. The suffix -stomy, when used with two or more combining forms (enter/o and enter/o) indicates the surgical creation of a new opening between those parts of the body.

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
		<p><u>enteroenterostomy</u></p> <p><i>New opening between two previously unconnected parts of the small intestine. This is an anastomosis, which is any surgical connection between two parts, such as vessels, ducts, or bowel segments (ana = up, stom = opening, -sis = state of) (Figure 5-16).</i></p> <p><u>mesentery</u></p> <p><i>Part of the double fold of peritoneum that stretches around the organs in the abdomen, the mesentery holds the organs in place. Literally, it lies in the middle (mes-) of the intestines, a membrane attaching the intestines to the muscle wall at the back of the abdomen (Figure 5-17).</i></p> <p><u>parenteral</u></p> <p><i>Par (from para-) means apart from in this term. An intravenous line brings parenteral nutrition directly into the bloodstream, bypassing the intestinal tract (enteral nutrition). Parenteral injections may be subcutaneous or intramuscular as well.</i></p>	

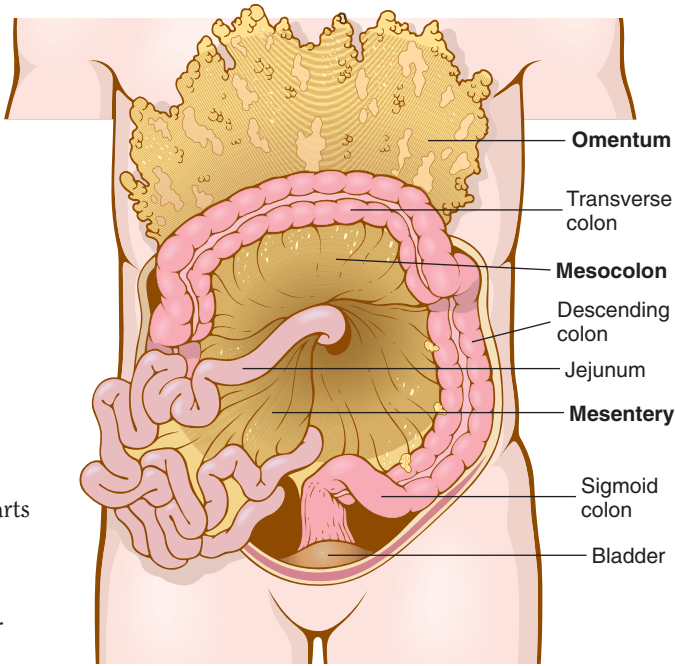


FIGURE 5-17 Mesentery. The **omentum** and **mesocolon** are parts of the mesentery. The omentum (raised in this figure) actually hangs down like an apron over the intestines. The mesentery contains blood and lymph vessels. The lymph nodes in the mesentery are important indicators in the spread of colon cancer (staging of colon cancer).

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
esophag/o	esophagus	<u>esophageal</u> _____ <i>Note: Changing the suffix from -al to -eal softens the final g (ě-sŏf-ă-JĔ-ăl).</i>	
faci/o	face	<u>facial</u> _____	
gastr/o	stomach	<u>gastrostomy</u> _____	
gingiv/o	gums	<u>gingivitis</u> _____	
gloss/o	tongue	<u>hypoglossal</u> _____ <i>Lingu/o also means tongue.</i>	
hepat/o	liver	<u>hepatoma</u> _____ <i>Also called hepatocellular carcinoma.</i>	
		<u>hepatomegaly</u> _____	
ile/o	ileum 	<u>ileocecal sphincter</u> _____ <i>Also called the ileocecal valve.</i>	
		<u>ileitis</u> _____	
		<u>ileostomy</u> _____ <i>See Figure 5-15B, page 154.</i>	
jejun/o	jejunum	<u>choledochojejunostomy</u> _____ <i>An anastomosis.</i>	
		<u>gastrojejunostomy</u> _____ <i>This is part of a gastric bypass procedure. See Figure 6-7, page 197.</i>	
labi/o	lip	<u>labial</u> _____	
lapar/o	abdomen	<u>laparoscopy</u> _____ <i>A form of minimally invasive surgery (MIS). Examples are laparoscopic cholecystectomy (Figure 5-28, page 168) and laparoscopic appendectomy.</i>	
lingu/o	tongue	<u>sublingual</u> _____	
mandibul/o	lower jaw, mandible	<u>submandibular</u> _____	
odont/o	tooth	<u>orthodontist</u> _____ <i>Orth/o means straight.</i>	
		<u>periodontist</u> _____	
		<u>endodontist</u> _____ <i>Performs root canal therapy.</i>	




Ileum and Ilium

Don't confuse the **ileum**, which is the third part of the small intestine with the **ilium**, uppermost and largest part of the pelvis (hip bone).

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
or/o	mouth	<u>oral</u> _____ <i>Stomat/o also means mouth.</i>	
palat/o	palate	<u>palatoplasty</u> _____ <i>Procedure to repair cleft palate and cleft lip; repair of a cleft palate.</i>	
pancreat/o	pancreas	<u>pancreatitis</u> _____	
peritone/o	peritoneum	<u>peritonitis</u> _____ <i>The e of the root has been dropped in this term.</i>	
pharyng/o	throat	<u>pharyngeal</u> _____ <u>palatopharyngoplasty</u> _____ <i>Used to treat cases of snoring or sleep apnea caused by obstructions in the throat or nose.</i>	
proct/o	anus and rectum	<u>proctologist</u> _____	
pylor/o	pyloric sphincter	<u>pyloroplasty</u> _____	
rect/o	rectum	<u>rectocele</u> _____	
sialaden/o	salivary gland	<u>sialadenitis</u> _____	
sigmoid/o	sigmoid colon	<u>sigmoidoscopy</u> _____	
stomat/o	mouth	<u>stomatitis</u> _____	
uvul/o	uvula	<u>uvulectomy</u> _____	


SUBSTANCES

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
amyl/o	starch	<u>amylase</u> _____ <i>The suffix -ase means enzyme.</i>	
bil/i	gall, bile	<u>biliary</u> _____ <i>The biliary tract includes the organs (liver and gallbladder) and ducts (hepatic, cystic, and common bile ducts) that secrete, store, and empty bile into the duodenum.</i>	
bilirubin/o	bilirubin (bile pigment)	hyper <u>bilirubinemia</u> _____	
chol/e 	gall, bile	<u>cholelithiasis</u> _____ <i>Lith/o means stone or calculus; -iasis means abnormal condition.</i>	



Chol/e and Col/o

Don't confuse **chol/e**, which means gall, bile with **col/o**, which is the colon! The context of the term will help you determine the correct spelling.

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
chlorhydr/o	hydrochloric acid	<u>achlorhydria</u> _____ <i>Absence of gastric juice is associated with gastric carcinoma.</i>	
gluc/o	sugar	<u>gluconeogenesis</u> _____ <i>Liver cells make new sugar from fats and proteins.</i>	
glyc/o	sugar	<u>hyperglycemia</u> _____	
glycogen/o	glycogen, animal starch	<u>glycogenolysis</u> _____ <i>Liver cells change glycogen back to glucose when blood sugar levels drop.</i>	
lip/o	fat, lipid	<u>lipoma</u> _____	
lith/o	stone	<u>lithogenesis</u> _____	
prote/o	protein	<u>protease</u> _____	
py/o	pus	<u>pyorrhea</u>  _____ <i>Periodontitis; an advanced stage of periodontal disease (gingivitis).</i>	
sial/o	saliva, salivary	<u>sialolith</u> _____	
steat/o	fat	<u>steatorrhea</u> _____ <i>Improperly digested (malabsorbed) fats will appear in the feces.</i>	

5

SUFFIXES

SUFFIX	MEANING	TERMINOLOGY	MEANING
-ase	enzyme	<u>lipase</u> _____ <i>Enzymes speed up chemical reactions. Lipase aids in the digestion of fats. In all types of liver disease, liver enzyme levels may be elevated, indicating damage to liver cells. Signs and symptoms include malaise, anorexia, hepatomegaly, jaundice, and abdominal pain.</i>	
-chezia	defecation, elimination of wastes	<u>hematochezia</u> _____ <i>(hē-mă-tō-KE-zē-ă) Bright red blood is found in the feces.</i>	
-iasis	abnormal condition	<u>choledocholithiasis</u> _____	
-prandial	meal	<u>postprandial</u> _____ <i>Post cibum (p.c.), seen on written prescriptions, also means after meals.</i>	

**Pyorrhea and Pyuria**

Pyorrhea is discharge (-rrhea) of pus from gums, and **pyuria** is urine containing pus (sign of a urinary tract infection).

PATHOLOGY OF THE DIGESTIVE SYSTEM

This section presents medical terms that describe **signs and symptoms** (clinical indications of illness) and pathologic conditions of the gastrointestinal tract. Sentences following each definition describe the **etiology** (eti/o = cause) of the illness and treatment. When the etiology (cause) is not understood, the condition is **idiopathic** (idi/o = unknown). You can find a list of drugs prescribed to treat gastrointestinal signs and symptoms and conditions on pages 894-895 in Chapter 21, Pharmacology.

SIGNS AND SYMPTOMS

anorexia

Lack of appetite.

Anorexia (-orexia = appetite) often is a sign of malignancy or liver disease. **Anorexia nervosa** is loss of appetite associated with emotional problems such as anger, anxiety, and irrational fear of weight gain. It is an eating disorder and is discussed along with a similar eating disorder, bulimia nervosa, in Chapter 22.

ascites

Abnormal accumulation of fluid in the abdomen.

This condition occurs when fluid passes from the bloodstream and collects in the peritoneal cavity. It can be a sign of neoplasm or inflammatory disorders in the abdomen, venous hypertension (high blood pressure) caused by liver disease (cirrhosis), or heart failure (Figure 5-18). Treatment for ascites includes administration of diuretic drugs and paracentesis to remove abdominal fluid.

borborygmus (*plural:* borborygmi)

Rumbling or gurgling noise produced by the movement of gas, fluid, or both in the gastrointestinal tract.

A sign of hyperactive intestinal peristalsis, borborygmi (bowel sounds) often are present in cases of gastroenteritis and diarrhea.

constipation

Difficulty in passing stools (feces).

When peristalsis is slow, stools are dry and hard. A diet of fruit, vegetables, and water is helpful. **Laxatives** and **cathartics** are medications to promote movement of stools.

FIGURE 5-18 Ascites in a male patient. The photograph was taken after **paracentesis** (puncture to remove fluid from the abdomen) was performed. Notice the gynecomastia (condition of female-type breasts) in this patient due to an excess of estrogen, which can accompany cirrhosis, especially in persons with alcoholism.



Signs and Symptoms

A **sign** is an **objective** finding—such as an increase in body temperature, a rash, or a sound heard on listening to the chest—indicating the presence of disease as **perceived by an examiner**. However, a **symptom** is a **subjective** sensation or change in health—such as itching, pain, fatigue, or nausea—as **experienced by the patient**. Clearly, the same feature may be noticed by both doctor and patient, which makes it at once both a sign and a symptom!

diarrhea**Frequent passage of loose, watery stools.**

Abrupt onset of diarrhea immediately after eating suggests acute infection or toxin in the gastrointestinal tract. Untreated, severe diarrhea may lead to dehydration. Antidiarrheal drugs are helpful.

dysphagia**Difficulty in swallowing.**

This sensation feels like a “lump in the throat” when a swallowed bolus fails to progress, either because of a physical obstruction (obstructive dysphagia) or because of a motor disorder in which esophageal peristalsis is not coordinated (motor dysphagia).

eructation**Gas expelled from the stomach through the mouth.**

Eructation produces a characteristic sound and also is called **belching**.

flatus**Gas expelled through the anus.**

Flatulence is the presence of excessive gas in the stomach and the intestines.

hematochezia**Passage of fresh, bright red blood from the rectum.**

The cause of hematochezia usually is bleeding due to colitis or from ulcers or polyps in the colon or rectum.

jaundice (icterus)**Yellow-orange coloration of the skin and whites of the eyes caused by high levels of bilirubin in the blood (hyperbilirubinemia). See Figure 5-19.**

Jaundice can occur when (1) excessive destruction of erythrocytes, as in **hemolysis**, causes excess bilirubin in the blood; (2) malfunction of liver cells (hepatocytes) due to **liver disease** prevents the liver from excreting bilirubin with bile; or (3) **obstruction of bile flow**, such as from choledocholithiasis or tumor, prevents bilirubin in bile from being excreted into the duodenum.



FIGURE 5-19 Jaundice due to liver disease.

melena**Black, tarry stools; feces containing digested blood.**

This clinical sign usually reflects a condition in which blood has had time to be digested (acted on by intestinal juices) and results from bleeding in the upper gastrointestinal tract (duodenal ulcer). A positive result on **stool guaiac testing** (see page 193) indicates blood in the stool.

nausea**Unpleasant sensation in the stomach associated with a tendency to vomit.**

Common causes are sea and motion sickness and early pregnancy. Nausea and vomiting may be symptomatic of a perforation (hole in the wall) of an abdominal organ; obstruction of a bile duct, stomach, or intestine; or exposure to toxins (poisons).

steatorrhea**Fat in the feces; frothy, foul-smelling fecal matter.**

Improper digestion or absorption of fat can cause fat to remain in the intestine. This may occur with disease of the pancreas (pancreatitis) when pancreatic enzymes are not excreted. It also is a sign of intestinal disease that involves malabsorption of fat.

PATHOLOGIC CONDITIONS

ORAL CAVITY AND TEETH

aphthous stomatitis**Inflammation of the mouth with small, painful ulcers.**

The ulcers associated with this condition are commonly called **canker sores**; the cause is unknown (Figure 5-20B).

dental caries**Tooth decay.**

Dental plaque results from the accumulation of foods, proteins from saliva, and necrotic debris on the tooth enamel. Bacteria grow in the plaque and cause production of acid that dissolves the tooth enamel, resulting in a cavity (area of decay) (Figure 5-20C). If the bacterial infection reaches the pulp of the tooth, root canal therapy may be necessary.

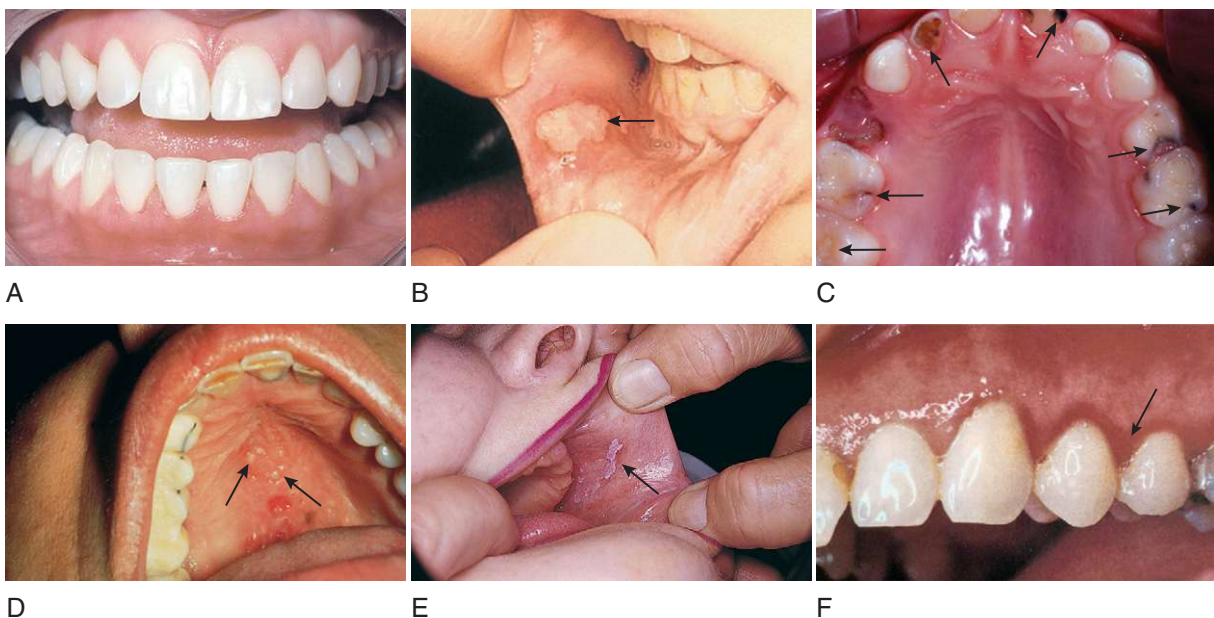


FIGURE 5-20 Normal teeth and gums and pathologic conditions. A, Normal teeth and gums. B, Aphthous stomatitis. C, Dental caries. D, Herpetic stomatitis. E, Oral leukoplakia. F, Gingivitis.

herpetic stomatitis**Inflammation of the mouth caused by infection with the herpesvirus.**

Painful fluid-filled blisters on the lips, palate, gums, and tongue, commonly called **fever blisters** or **cold sores** (Figure 5-20D). It is caused by herpes simplex virus type 1 (HSV1). Treatment is with medication to relieve symptoms. Herpes genitalis (due to HSV2) occurs on the reproductive organs. Both conditions are highly contagious.

oral leukoplakia**White plaques or patches on the mucosa of the mouth.**

This precancerous lesion (Figure 5-20E) can result from chronic tobacco use (pipe smoking or chewing tobacco). Malignant potential is assessed by microscopic study of biopsied tissue.

periodontal disease**Inflammation and degeneration of gums, teeth, and surrounding bone.**

Gingivitis (Figure 5-20F) occurs as a result of accumulation of **dental plaque** and **dental calculus** or **tartar** (a yellow-brown calcified deposit on teeth). In **gingivectomy**, a periodontist uses a metal instrument to scrape away plaque and tartar from teeth; any pockets of pus (pyorrhea) are then drained and removed to allow new tissue to form. Localized infections are treated with systemic antibiotics.

UPPER GASTROINTESTINAL TRACT**achalasia****Failure of the lower esophagus sphincter (LES) muscle to relax.**

Achalasia (-chaliasia = relaxation) results from the loss of peristalsis so that food cannot pass easily through the esophagus. Both failure of the LES to relax and the loss of peristalsis cause dilatation (widening) of the esophagus above the constriction. Physicians recommend a bland diet low in bulk and mechanical stretching of the LES to relieve symptoms.

esophageal cancer**Malignant tumor of the esophagus.**

The most common symptom of esophageal cancer is difficulty swallowing (dysphagia). Smoking and chronic alcohol use are major risk factors. Long-term irritation of the esophagus caused by gastric reflux is a premalignant condition called **Barrett esophagus**. Surgery, radiation therapy, and chemotherapy are treatment options.

esophageal varices**Swollen, varicose veins at the lower end of the esophagus.**

Liver disease (such as cirrhosis and chronic hepatitis) causes increased pressure in veins near and around the liver (**portal hypertension**). This leads to enlarged, tortuous esophageal veins with danger of hemorrhage (bleeding). Treatment includes drug therapy to lower portal hypertension and banding or tying off the swollen esophageal veins (Figure 5-21A and B).

gastric cancer**Malignant tumor of the stomach.**

Chronic gastritis associated with bacterial infection is a major risk factor for gastric carcinoma. Gastric endoscopy and biopsy diagnose the condition. Cure depends on early detection and surgical removal of the cancerous tissue.

gastroesophageal reflux disease (GERD)**Solids and fluids return to the mouth from the stomach.**

Heartburn is the burning sensation caused by regurgitation of hydrochloric acid from the stomach to the esophagus. Chronic exposure of esophageal mucosa to gastric acid and pepsin (an enzyme that digests protein) leads to **reflux esophagitis**. Drug treatment for GERD includes antacid (acid-suppressive) agents and medication to increase the tone of the LES.

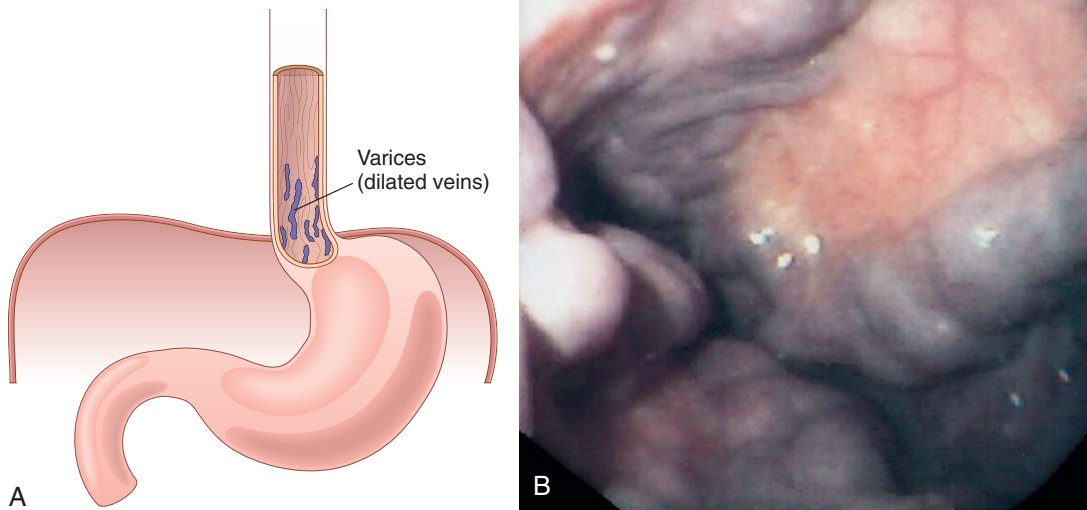


FIGURE 5-21 A, Esophageal varices. B, Endoscopic view of esophageal varices.

hernia

Protrusion of an organ or part through the tissues and muscles normally containing it.

A **hiatal hernia** occurs when the upper part of the stomach protrudes upward through the diaphragm (Figure 5-22A). This condition can lead to GERD. An **inguinal hernia** occurs when a small loop of bowel protrudes through a weak lower abdominal wall tissue (fascia) surrounding muscles (Figure 5-22B). Surgical repair of inguinal hernias is known as herniorrhaphy (-rrhaphy means suture).

peptic ulcer

Open sore in the lining of the stomach or duodenum.

A bacterium, *Helicobacter pylori* (*H. pylori*), is responsible for peptic ulcer disease. The combination of bacteria, hyperacidity, and gastric juice damages epithelial linings. Drug treatment includes antibiotics, antacids, and agents to protect the lining of the stomach and intestine.

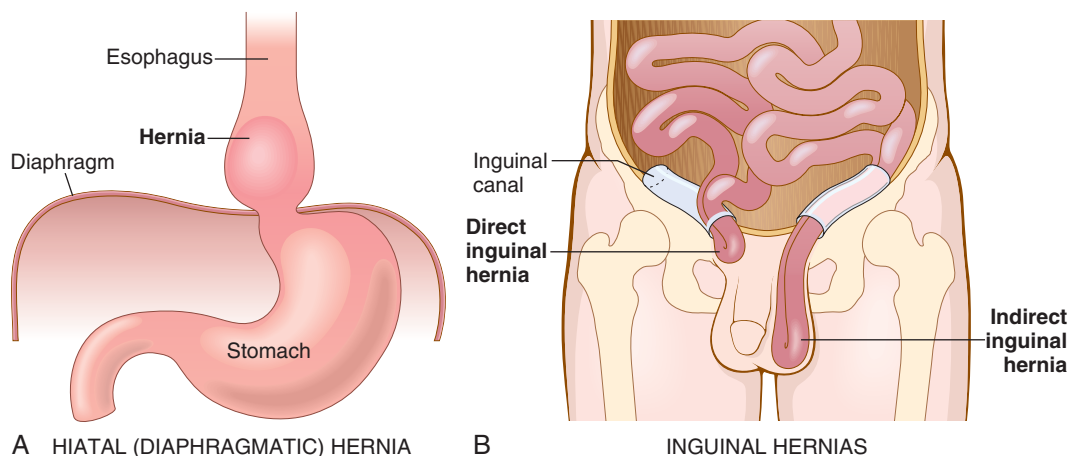


FIGURE 5-22 Hernias. A, Hiatal hernia. B, Inguinal hernias. A **direct inguinal hernia** occurs through the abdominal wall in an area of muscular weakness. An **indirect inguinal hernia** occurs through the inguinal canal (passageway in the lower abdomen), where the herniated tissue/bowel descends into the scrotal sac.

LOWER GASTROINTESTINAL TRACT (SMALL AND LARGE INTESTINES)**anal fistula****Abnormal tube-like passageway near the anus.**

The fistula often results from a break or **fissure** in the wall of the anus or rectum, or from an **abscess** (infected area) there (Figure 5-23A).

colonic polyps**Polyps (benign growths) protrude from the mucous membrane of the colon.**

Figure 5-23A illustrates two types of polyps: **pedunculated** (attached to the membrane by a stalk) and **sessile** (sitting directly on the mucous membrane). Figure 5-23B shows multiple polyps of the colon. Many polyps are premalignant (adenomatous polyps) and are often removed (polypectomy) for biopsy.

colorectal cancer**Adenocarcinoma of the colon or rectum, or both.**

Colorectal cancer (Figure 5-24) can arise from polyps in the colon or rectal region. Diagnosis is determined by detecting melena (blood in stool) and by colonoscopy. Prognosis depends on the stage (extent of spread) of the tumor, including size, depth of invasion, and involvement of lymph nodes. Surgical treatment may require excision of a major section of colon with rejoining of the cut ends (anastomosis). Chemotherapy and radiotherapy are administered as needed.

Crohn disease (“Crohn’s”)**Chronic inflammation of the intestinal tract.**

Crohn’s can occur anywhere from mouth to anus but most commonly in the ileum (ileitis) and colon. Signs and symptoms include diarrhea, severe abdominal pain, fever, anorexia, weakness, and weight loss. Both Crohn disease and ulcerative colitis are forms of **inflammatory bowel disease (IBD)**. Treatment is with drugs that control inflammation and other symptoms or by surgical removal of diseased portions of the intestine, with anastomosis of remaining parts. Read the *In Person* story about Crohn’s on page 170.

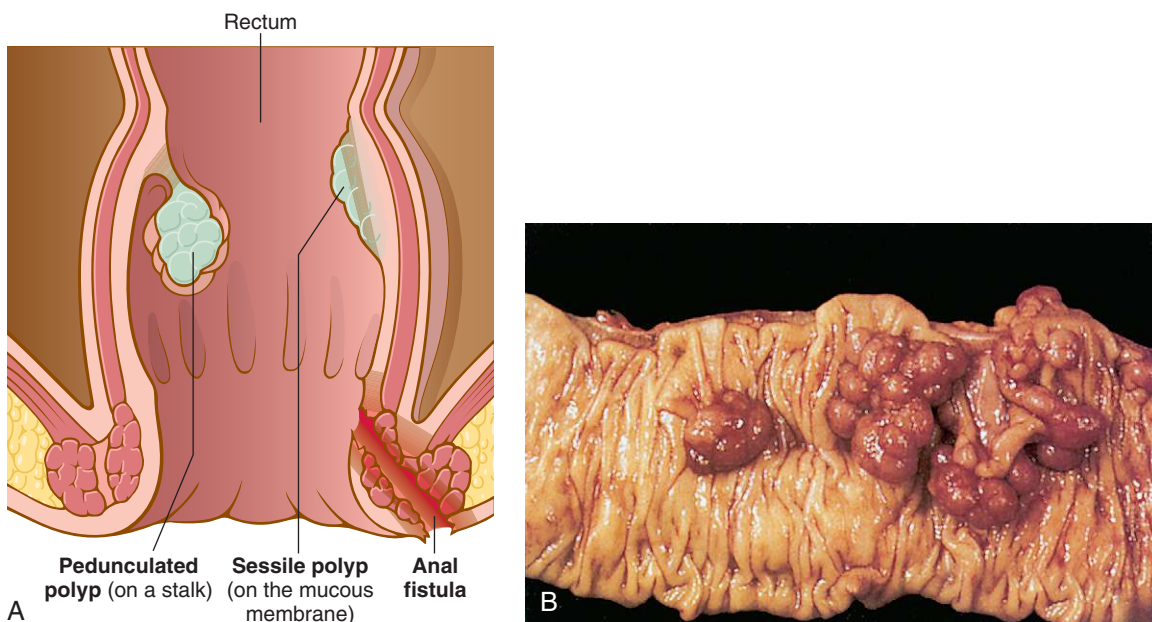


FIGURE 5-23 Anal fistula and colonic polyps. **A**, Anal fistula and two types of polyps. **B**, Multiple polyps of the colon.

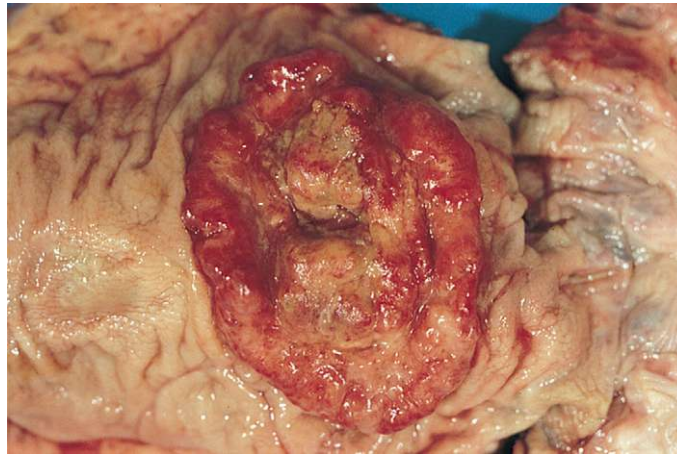


FIGURE 5-24 Adenocarcinoma of the colon. This tumor has “heaped-up” edges and an ulcerated central portion.

diverticulosis

Abnormal outpouchings (diverticula) in the intestinal wall of the colon.
See Figure 5-25A.

Diverticulitis is a complication of diverticulosis. When fecal matter becomes trapped in diverticula, **diverticulitis** can occur. Pain and rectal bleeding are symptoms. Figure 5-25B and C show diverticulitis in a section through the sigmoid colon. Initial treatment for an attack of diverticulitis includes a liquid diet and oral antibiotics. In severe cases, patients may need hospitalization, IV antibiotics, and surgery to remove the affected area of the colon with anastomosis of the cut ends.

dysentery

Painful, inflamed intestines commonly caused by bacterial infection.

Often occurring in the colon, dysentery results from ingestion of food or water containing bacteria (salmonellae or shigellae), amebae (one-celled organisms), or viruses. Symptoms are bloody stools and abdominal pain.

hemorrhoids

Swollen, twisted, varicose veins in the rectal region.

Varicose veins can be internal (within the rectum) or external (outside the anal sphincter). Pregnancy and chronic constipation, which put pressure on anal veins, often cause hemorrhoids.

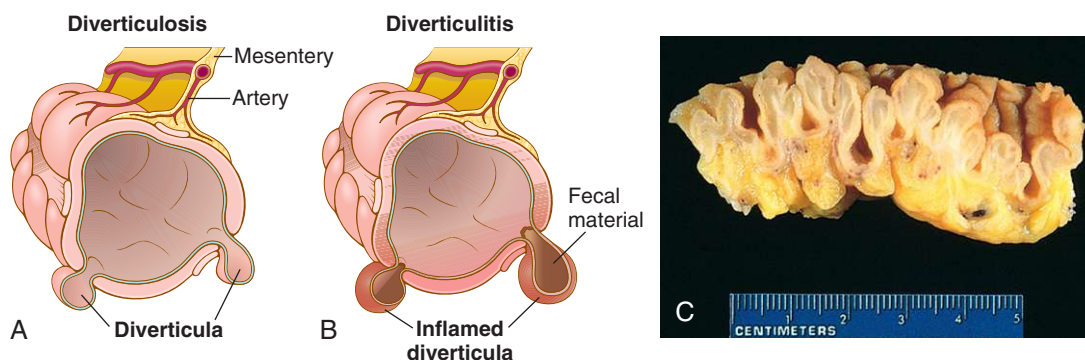


FIGURE 5-25 **A**, Diverticula (diverticulosis) form when the mucous membrane lining of the colon bulges through the weakened muscular wall. **B and C**, Diverticulitis can result when fecal material lodges in diverticula. Avoidance of foods with seeds and nuts decreases the risk of this condition.

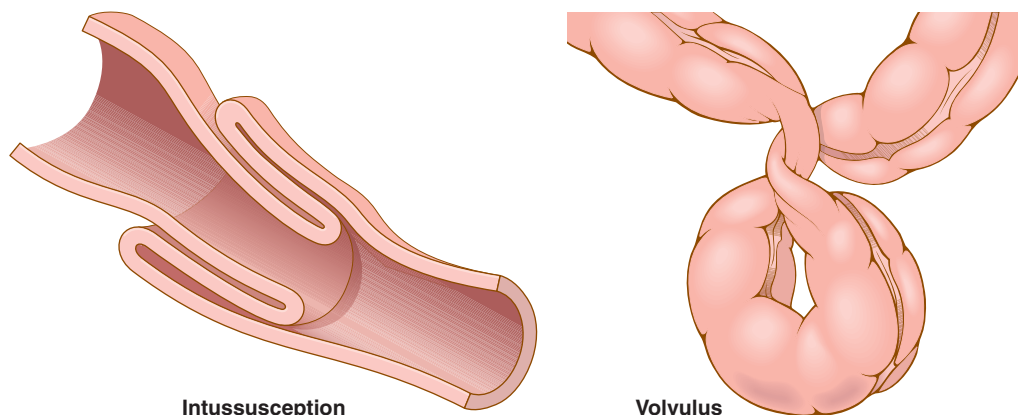


FIGURE 5-26 Intussusception and volvulus.

ileus

Loss of peristalsis with resulting obstruction of the intestines.

Surgery, trauma, or bacterial injury to the peritoneum can lead to a **paralytic ileus** (acute, transient loss of peristalsis).

inflammatory bowel disease (IBD)

Inflammation of the colon and small intestine. See **Crohn disease** and **ulcerative colitis**.

intussusception

Telescoping of the intestines.

In this condition, one segment of the bowel collapses into the opening of another segment (Figure 5-26). It often occurs in children and at the ileocecal region. Intestinal obstruction with pain and vomiting can occur. A barium enema can diagnose and may successfully reduce the intussusception. Otherwise, surgery to remove the affected segment of bowel (followed by anastomosis) may be necessary.

irritable bowel syndrome (IBS)

Group of GI symptoms (abdominal pain, bloating, diarrhea, constipation), but without abnormalities in the intestines. 🌈

IBS may be associated with stress or occur after infection. Treatment is symptomatic, with a diet high in bran and fiber to soften stools and establish regular bowel habits. Other names for IBS are **irritable colon** and **spastic colon**. IBS is a type of **functional gastrointestinal disorder (FGID)**. These are disorders of how the GI tract functions, but without structural or biochemical abnormalities.

ulcerative colitis

Chronic inflammation of the colon with presence of ulcers.

This idiopathic, chronic, recurrent diarrheal disease (an **inflammatory bowel disease**) presents with rectal bleeding and pain. Often beginning in the colon, the inflammation spreads proximally, involving the entire colon. Drug treatment and careful attention to diet are recommended. Resection of diseased bowel with ileostomy may be necessary. In some cases it is cured by total colectomy. Patients with ulcerative colitis have a higher risk of colon cancer.



Irritable Bowel Syndrome (IBS) and Inflammatory Bowel Disease (IBD)

While **IBS** is a condition with no structural abnormalities of the intestines, **IBD** (**Crohn's** and **ulcerative colitis**) involves structural abnormalities.

volvulus**Twisting of the intestine on itself.**

Volvulus causes intestinal obstruction. Severe pain, nausea and vomiting, and absence of bowel sounds are clinical features. Surgical correction is necessary to prevent necrosis of the affected segment of the bowel (see Figure 5-26).

LIVER, GALLBLADDER, AND PANCREAS**cholelithiasis****Gallstones in the gallbladder.**

Calculi (stones) prevent bile from leaving the gallbladder and bile ducts (Figure 5-27). Many patients remain asymptomatic and do not require treatment; symptoms related to gallbladder stones are either **biliary colic** (pain from blocked ducts) or **cholecystitis** (inflammation and infection of the gallbladder), both of which require treatment. Currently, **laparoscopic** or **minimally invasive surgery** (**laparoscopic cholecystectomy**) is performed to remove the gallbladder and stones (Figure 5-28A and B).

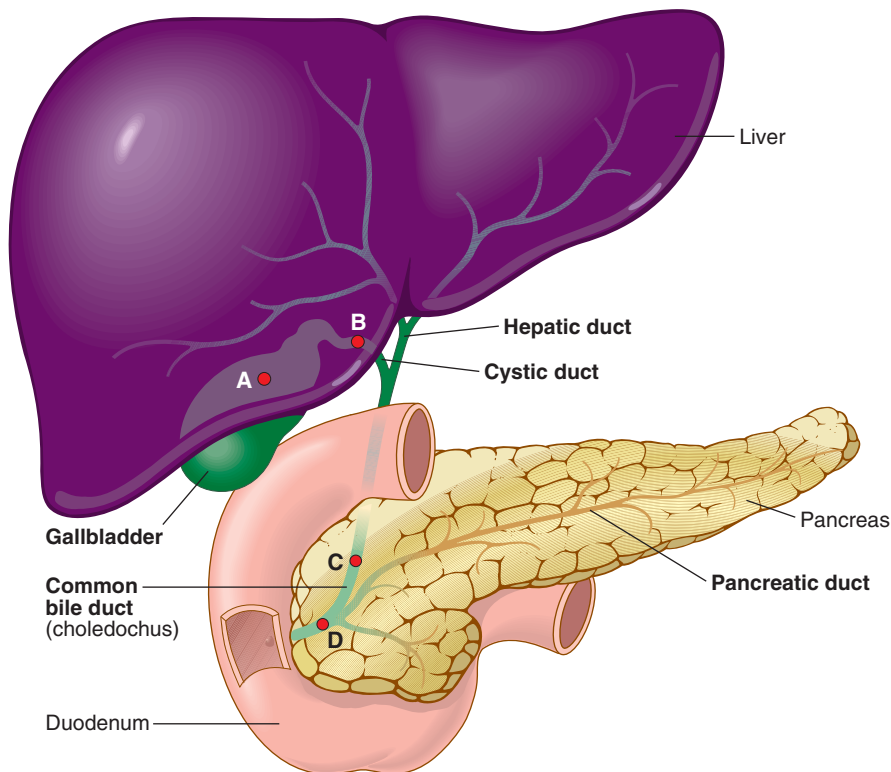


FIGURE 5-27 Gallstone positions in the gallbladder and bile ducts. **A**, Stone in the gallbladder causing mild or no symptoms. **B**, Stone obstructing the cystic duct, causing pain. **C**, Stone obstructing the common bile duct, causing pain and jaundice. **D**, Stone at the lower end of the common bile duct and pancreatic duct, causing pain, jaundice, and pancreatitis.

**What's "in" Gallstones?**

Gallstones are composed of cholesterol, bilirubin (pigment in bile) and calcium salts. They can vary in size and shape from as small as a grain of sand to as large as a golf ball!

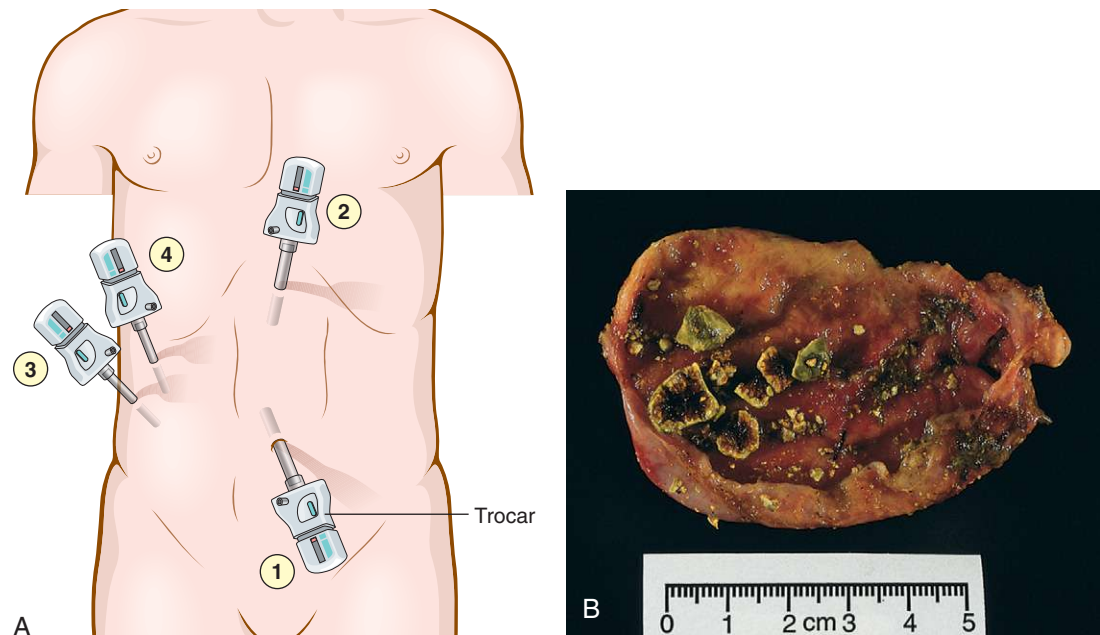


FIGURE 5-28 A, Trocars in place for laparoscopic cholecystectomy. Trocars are used to puncture and enter the abdomen. These devices are metal sleeves consisting of a hollow metal tube (cannula) into which fits an obturator (a solid, removable metal instrument with a sharp, three-cornered tip) used to puncture the wall. *Circled numbers* show common positions for trocar insertion: **1** is an umbilical 10/11-mm trocar (the largest trocar diameter is 15). **2** is a 10/11-mm trocar at the midline. **3** and **4** are 5-mm trocars placed in the right upper quadrant of the abdomen. B, Gallstones. Mechanical manipulation during laparoscopic cholecystectomy has caused fragmentation of several cholesterol gallstones, revealing interiors that are pigmented because of entrapped bile pigments. The gallbladder mucosa is reddened and irregular as a result.

cirrhosis

Chronic degenerative disease of the liver.

Cirrhosis is commonly the result of chronic alcoholism, viral hepatitis, or other causes. Lobes of the liver become scarred with fibrous tissue, hepatic cells degenerate, and the liver is infiltrated with fat. Cirrh/o means yellow-orange, which describes the liver's color caused by fat accumulation. Figure 5-29 shows a normal liver and a liver with alcoholic cirrhosis.

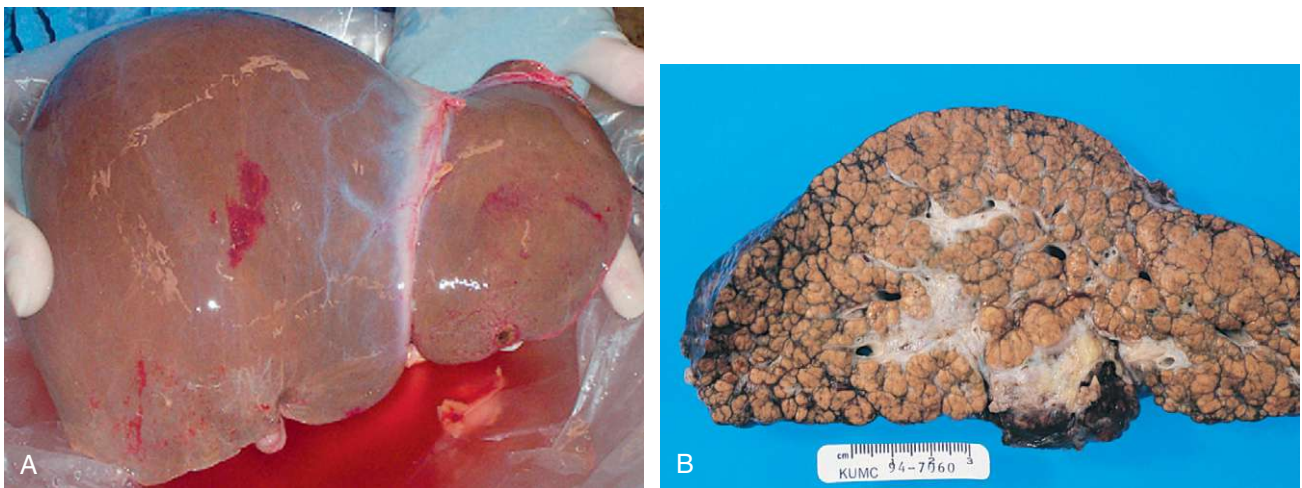



FIGURE 5-29 A, Normal liver and, B, liver with alcoholic cirrhosis.

pancreatic cancer**Malignant tumor of the pancreas.**

It often occurs in the head of the pancreas (closer to the duodenum), where it can block ducts. Although the cause is unknown, pancreatic cancer is more common in smokers and people with diabetes and chronic pancreatitis. Symptoms and signs are abdominal pain, fatigue, jaundice, anorexia, and weight loss. The standard surgical treatment is a **pancreatoduodenectomy (Whipple procedure)**. 

pancreatitis**Inflammation of the pancreas.**

Digestive enzymes attack pancreatic tissue and damage the gland. Other etiologic factors include chronic alcoholism, drug toxicity, gallstone obstruction of the common bile duct, and viral infections. Treatment includes medications to relieve epigastric pain, intravenous fluids, bowel rest, and subtotal pancreatectomy if necessary.

viral hepatitis**Inflammation of the liver caused by a virus.**

Hepatitis A is viral hepatitis caused by the hepatitis A virus (HAV). It is a benign disorder spread by contaminated food or water and characterized by slow onset of symptoms. **Hepatitis B** is caused by the hepatitis B virus (HBV) and is transmitted by blood transfusion, sexual contact, or the use of contaminated needles or instruments. Severe infection can cause destruction of liver cells, cirrhosis, or death. A vaccine that provides immunity is available and recommended for persons at risk for exposure. **Hepatitis C** is caused by the hepatitis C virus (HCV) and is transmitted by blood transfusions or needle inoculation (such as among intravenous drug users sharing needles). The acute illness may progress to chronic hepatitis and hepatocellular carcinoma.

In all types, liver enzyme levels may be elevated, indicating damage to liver cells. Signs and symptoms include malaise, anorexia, hepatomegaly, jaundice, and abdominal pain.

**Whipple Procedure for Pancreatic Cancer**

This surgery consists of:

- removal of the distal half of the stomach (antrectomy)
- removal of gallbladder and common bile duct (cholecystectomy and choledochectomy)
- removal of part of the pancreas and duodenum, (pancreatoduodenectomy)
- reconstruction consists of pancreatojejunostomy, hepaticojejunostomy, and gastrojejunostomy

Steve Jobs, co-founder of Apple Inc, and Luciano Pavarotti, opera singer, had this surgery.



IN PERSON

This first-person narrative was written by a woman living with Crohn disease (“Crohn’s”).



When a friend told me she was felled by the flu yesterday, I was jealous. To someone with a chronic illness, like me, having something acute always seems luxurious. Lie in bed, read glossy magazines, take over-the-counter meds, sleep it off, and in a matter of days you’re okay. I have Crohn disease, a chronic inflammation of the small intestine, which is characterized by flare-ups and remission. During flare-ups, I’ve experienced fever, diarrhea, vomiting, pain, and intestinal obstruction. Even in remission I am never “okay.”

Right now I have been in remission two years after a third surgery to remove yet another portion of my small bowel. This time internal bleeding, a rather rare symptom of Crohn’s, necessitated the surgery. I was enduring weekly iron infusions, which turned into bimonthly blood transfusions, as my hemoglobin plummeted to 6 (12 is normal). It was no way to live. After the surgery, the bleeding stopped, but I had bouts of urgent, watery diarrhea for a year. That was no way to live either, and unfortunately, as wonderful as my doctor is, I’ve found that few GIs want to address after-effects of small bowel surgery. After visiting several doctors and by trial-and-error, I finally got these symptoms under control with codeine, Lomotil, and Metamucil, but I will never be able to absorb vitamin B₁₂, so I must inject it monthly for the rest of my life. In addition to taking medicine to cope with having less and less small bowel, I take medicine in the hopes of preventing the next flare-up. Every few weeks, I inject myself with a biologic medicine, Humira, but I must eventually be weaned off this drug because it has possible long-term side effects, the scariest of which is lymphoma. At 52 and with two school-age children, however, I have learned to think of valuing my present quality of life the most, over possible unknown dangers lurking in the future.

I do often think about the past. What would my life be like if our family doctor hadn’t told my parents that my constant episodes of diarrhea—which occurred since I was a child—were caused by “nerves?” By the time I was 21, my weight had dropped below 100 pounds, and I was twisted in pain after every meal. My dad arranged for me to visit his own doctor, who gave me a small bowel series that showed I had Crohn’s and that a portion of my small intestine was “as narrow as a pencil.” By then it was too late for even prednisone (then the drug of choice despite side effects ranging from puffy face to psychosis) to open up the inflamed passage, and I had my first surgery just months after I was diagnosed. Thinking of those times—as well as all the other flare-up times—makes me flinch. While you can never relive pain, you can remember what it felt like. In my case, it was as if a large metal bike lock chain was being forced through my tender gut.

Before that first surgery, I was just out of college and longing to make my mark on the world, but I spent most of my evenings curled up in my small bedroom, listening to the soothing strains of “Make Believe Ballroom Hour” on the radio. Or, because vomiting and diarrhea usually accompanied the pain, I lay with my back pressed against the cold tiles of the bathroom floor. Later on, as a mom with two young children, I would lie on the couch watching life swirl around me, feeling guilty that I could not take part.

There was a silver lining to those flare-ups, and that is the tender affection of those around me: husband, family, and friends. When you have Crohn’s, no one knows you have it until things get unbearable. It’s not the kind of illness you discuss, but when you have pain and fever, you can kind of approximate those times of being felled by the flu. Yet you know that it will take more than a dose of Nyquil or a night’s sleep to get “better.” You know you’ll face another course of medications—often untried ones—or that you will likely end up in the hospital undergoing yet another surgery.

Nancy J. Brandwein is a writer, editor, and food columnist.



EXERCISES

Remember to check your answers carefully with the “Answers to Exercises”, pages 179 and 180.



Match the following digestive system structures with their meanings below.

anus

cecum

colon

duodenum

esophagus

gallbladder

ileum

jejunum

liver

pancreas

pharynx

sigmoid colon

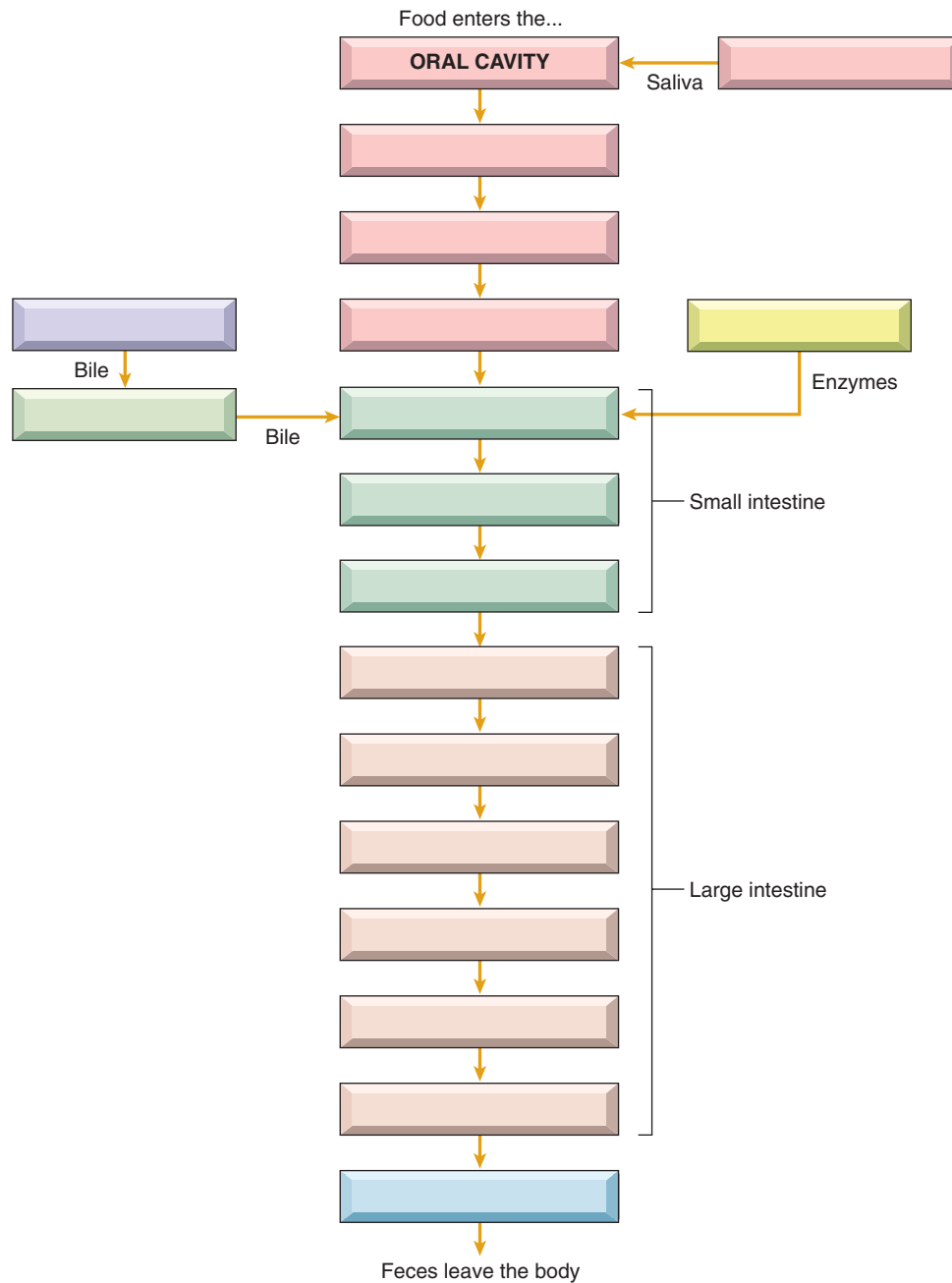
1. consists of ascending, transverse, descending, and sigmoid sections _____
2. small sac under the liver; stores bile _____
3. first part of the large intestine _____
4. end of the digestive tract opening to the outside of the body _____
5. second part of the small intestine _____
6. tube connecting the throat to the stomach _____
7. third part of the small intestine _____
8. large organ in the RUQ; secretes bile, stores sugar, produces blood proteins _____
9. throat _____
10. lowest part of the colon _____
11. first part of the small intestine _____
12. organ under the stomach; produces insulin and digestive enzymes _____

B Label the following flow chart of the pathway of food through the gastrointestinal tract. The terms you will need are listed below:

anus
ascending colon
cecum
descending colon
duodenum
esophagus

gallbladder
ileum
jejunum
liver
pancreas
pharynx

rectum
salivary glands
sigmoid colon
stomach
transverse colon



C Circle the term that fits the given definition. You should be able to define the other terms as well!

1. microscopic projections in the walls of the small intestine:
papillae villi rugae
2. salivary gland near the ear:
submandibular sublingual parotid
3. ring of muscle at the end of the stomach:
pyloric sphincter uvula lower esophageal sphincter
4. soft, inner section of a tooth:
dentin enamel pulp
5. chemical that speeds up reactions and helps digest foods:
triglyceride amino acid enzyme
6. pigment released with bile:
glycogen bilirubin melena
7. hormone produced by endocrine cells of the pancreas:
insulin amylase lipase
8. rhythm-like contraction of the muscles in the walls of the gastrointestinal tract:
deglutition mastication peristalsis
9. breakdown of large fat globules:
absorption emulsification anabolism
10. pointed, dog-like tooth medial to premolars:
incisor canine molar

D Complete the following.

1. Labi/o and cheil/o mean _____
2. Gloss/o and lingu/o mean _____
3. Or/o and stomat/o mean _____
4. Dent/i and odont/o mean _____
5. Lapar/o and celi/o mean _____
6. Gluc/o and glyc/o mean _____
7. Lip/o, steat/o, and adip/o mean _____
8. The suffixes -iasis and -osis mean _____
9. Chol/e and bil/i mean _____
10. Resection and -ectomy mean _____

E Build medical terms based on the given definitions.

1. removal of a salivary gland _____
2. pertaining to the throat _____
3. hernia of the rectum _____
4. enlargement of the liver _____
5. surgical repair of the roof of the mouth _____
6. after meals _____
7. visual examination of the anal and rectal region _____
8. study of the cause (of disease) _____
9. incision of the common bile duct _____
10. pertaining to teeth and cheek _____
11. disease condition of the small intestine _____
12. new opening between the common bile duct and the jejunum _____
13. pertaining to surrounding the anus _____
14. new opening from the colon to the outside of the body _____
15. under the lower jaw _____
16. pertaining to the face _____

F Match the following doctors or dentists with their specialties.

colorectal surgeon
endodontist
gastroenterologist

nephrologist
oral surgeon
orthodontist

periodontist
proctologist
urologist

1. treats disorders of the anus and rectum _____
2. operates on the organs of the urinary tract _____
3. straightens teeth _____
4. performs root canal therapy _____
5. operates on the mouth and teeth _____
6. treats kidney disorders _____
7. diagnoses and treats gastrointestinal disorders _____
8. treats gum disease _____
9. operates on the intestinal tract _____

G Build medical terms to describe the following inflammations.

1. inflammation of the appendix _____
2. inflammation of the large intestine _____
3. inflammation of the passageway from the throat to the stomach _____
4. inflammation of the membrane surrounding the abdomen _____
5. inflammation of the gallbladder _____
6. inflammation of the third part of the small intestine _____
7. inflammation of the pancreas _____
8. inflammation of the gums _____
9. inflammation of the liver _____
10. inflammation of the mouth _____
11. inflammation of the salivary gland _____
12. inflammation of the small and large intestines _____

H Match the following terms with their meanings below.

anastomosis
biliary
defecation
cheilitis

gluconeogenesis
glycogenolysis
hyperbilirubinemia
hyperglycemia

mesentery
mucosa
parenteral
portal vein

1. high level of blood sugar _____
2. inflammation of the lip _____
3. pertaining to administration of medicines and fluid other than by mouth _____
4. mucous membrane _____
5. expulsion of feces from the body through the anus _____
6. breakdown (conversion) of starch to sugar _____
7. fan-like membrane that connects the small intestine to the abdominal wall _____
8. large vessel that takes blood to the liver from the intestines _____
9. new surgical connection between structures or organs _____
10. pertaining to bile ducts _____
11. process of forming new sugar from proteins and fats _____
12. high levels of a bile pigment in the bloodstream _____

I Give the names of the following gastrointestinal signs or symptoms based on their descriptions.

1. passage of bright red blood from the rectum _____
2. lack of appetite _____
3. fat in the feces _____
4. black, tarry stools; feces containing digested blood _____
5. abnormal accumulation of fluid in the abdomen _____
6. rumbling noise produced by gas in the GI tract _____
7. gas expelled through the anus _____
8. an unpleasant sensation in the stomach and a tendency to vomit _____
9. loose, watery stools _____
10. difficulty in passing stools (feces) _____
11. difficulty in swallowing _____
12. gas expelled from the stomach through the mouth _____

J Write short answers for the following questions.

1. What is jaundice? _____
2. List three ways in which a patient can become jaundiced
 - a. _____
 - b. _____
 - c. _____
3. What does it mean when a disease is described as *idiopathic*? _____

K Select from the list of pathologic conditions to make a diagnosis.

achalasia	colorectal cancer	herpetic stomatitis
anal fistula	Crohn disease (Crohn's)	oral leukoplakia
aphthous stomatitis	dental caries	pancreatic cancer
colonic polyps	esophageal cancer	periodontal disease

1. Mr. Jones, a smoker and heavy drinker, complained of dysphagia in recent months. A longstanding condition of Barrett esophagus resulted in his malignant condition.
Diagnosis: _____.
2. An abnormal tube-like passageway near his anus caused Mr. Rosen's proctalgia. His doctor performed surgery to close off the abnormality. Diagnosis: _____.
3. Carol's dentist informed her that the enamel of three teeth was damaged by bacteria-producing acid. Diagnosis: _____.

4. Paola's symptoms of chronic diarrhea, abdominal cramps, and fever led her doctor to suspect that she suffered from an inflammatory bowel disease affecting the distal portion of her ileum.
The doctor prescribed steroid drugs to heal her condition. Diagnosis: _____.
5. Mr. Hart learned that his colonoscopy showed the presence of small benign growths protruding from the mucous membrane of his large intestine. Diagnosis: _____.
6. During a routine dental checkup, Dr. Friedman discovered white plaques on Mr. Longo's buccal mucosa. He advised Mr. Longo, who was a chronic smoker and heavy drinker, to have these precancerous lesions removed. Diagnosis: _____.
7. Every time Carl had a stressful time at work, he developed a fever blister (cold sore) on his lip, resulting from reactivation of a previous viral infection. His doctor told him that there was no treatment 100% effective in preventing the reappearance of these lesions.
Diagnosis: _____.
8. Mr. Green had a biopsy of a neoplastic lesion in his descending colon. The pathology report indicated a malignancy. A partial colectomy was necessary. Diagnosis: _____.
9. Small ulcers (canker sores) appeared on Diane's gums. They were painful and annoying.
Diagnosis: _____.
10. Sharon's failure to floss her teeth and remove dental plaque regularly led to development of gingivitis and pyorrhea. Her dentist advised consulting a specialist who could treat her condition.
Diagnosis: _____.
11. Imaging tests revealed a tumor in a section of Mr. Smith's pancreas. His physician told him that since it had not spread, he could hope for a cure with surgery. He had a pancreaticoduodenectomy (Whipple procedure), which was successful. Diagnosis: _____.
12. Mr. Clark complained of pain during swallowing. His physician explained that the pain was caused by a failure of muscles in his lower esophagus to relax during swallowing.
Diagnosis: _____.

L Match the following pathologic diagnoses with their definitions.

cholecystolithiasis (gallstones)	hemorrhoids	pancreatitis
cirrhosis	hiatal hernia	peptic ulcer
diverticulosis	ileus	ulcerative colitis
dysentery	intussusception	viral hepatitis
esophageal varices	irritable bowel syndrome	volvulus

1. protrusion of the upper part of the stomach through the diaphragm _____
2. painful, inflamed intestines caused by bacterial infection _____
3. swollen, twisted veins in the rectal region _____
4. open sore or lesion of the mucous membrane of the stomach or duodenum _____
5. loss of peristalsis _____
6. twisting of the intestine on itself _____
7. swollen, varicose veins on the surface of the distal portion of the esophagus _____
8. abnormal outpouchings in the intestinal wall _____
9. chronic inflammation of the colon with destruction of its inner surface _____
10. telescoping of the intestines _____
11. inflammation of the liver caused by type A, type B, or type C virus _____
12. inflammation of the pancreas _____
13. calculi in the sac that stores bile _____
14. chronic degenerative liver disease with scarring resulting from alcoholism or infectious hepatitis

15. gastrointestinal symptoms (diarrhea or constipation, abdominal pain, bloating) with no evidence of structural abnormalities _____

M Complete the following terms from their meanings given below.

1. membrane (peritoneal fold) that holds the intestines together: mes _____
2. removal of the gallbladder: _____ ectomy
3. black or dark brown, tarry stools containing blood: mel _____
4. high levels of pigment in the blood (jaundice): hyper _____
5. pertaining to under the tongue: sub _____
6. twisting of the intestine on itself: vol _____
7. organ under the stomach that produces insulin and digestive enzymes:
pan _____
8. lack of appetite: an _____
9. swollen, twisted veins in the rectal region: _____ oids

10. new connection between two previously unconnected tubes: ana _____
11. absence of acid in the stomach: a _____
12. return of solids and fluids to the mouth from the stomach: gastro re _____ disease
13. removal of soft tissue hanging from the roof of the mouth: _____ ectomy
14. formation of stones: _____ genesis.

ANSWERS TO EXERCISES

A

- | | | |
|----------------|--------------|-------------------|
| 1. colon | 5. jejunum | 9. pharynx |
| 2. gallbladder | 6. esophagus | 10. sigmoid colon |
| 3. cecum | 7. ileum | 11. duodenum |
| 4. anus | 8. liver | 12. pancreas |

B

See Figure 5-12 on page 149.

C

- | | | |
|--|---|--|
| 1. Villi. Papillae are nipple-like projections in the tongue where taste buds are located, and rugae are folds in the mucous membrane of the stomach and hard palate. | 4. Pulp. Dentin is the hard part of the tooth directly under the enamel and in the root, and enamel is the hard, outermost part of the tooth composing the crown. | 8. Peristalsis. Deglutition is swallowing, and mastication is chewing. |
| 2. Parotid. The submandibular gland is under the lower jaw, and the sublingual gland is under the tongue. | 5. Enzyme. A triglyceride is a large fat molecule, and an amino acid is a substance produced when proteins are digested. | 9. Emulsification. Absorption is the passage of materials through the walls of the small intestine into the bloodstream, and anabolism is the process of building up proteins in a cell (protein synthesis). |
| 3. Pyloric sphincter. The uvula is soft tissue hanging from the soft palate, and the lower esophageal sphincter is a ring of muscle between the esophagus and stomach. | 6. Bilirubin. Glycogen is animal starch that is produced in liver cells from sugar, and melena is dark, tarry stools. | 10. Canine. An incisor is one of the four front teeth in the dental arch (not pointed or like a dog's tooth), and a molar is any of three large teeth just behind (distal to) the two premolar teeth. |
| | 7. Insulin. Amylase and lipase are digestive enzymes produced by the exocrine cells of the pancreas. | |

D

- | | | |
|-----------|------------|-----------------------|
| 1. lip | 5. abdomen | 8. abnormal condition |
| 2. tongue | 6. sugar | 9. gall, bile |
| 3. mouth | 7. fat | 10. removal, excision |
| 4. tooth | | |

E

- | | | |
|-------------------|---|---------------------------|
| 1. sialadenectomy | 6. postprandial (post cibum—cib/o refers to meals or feeding) | 11. enteropathy |
| 2. pharyngeal | 7. proctoscopy | 12. choledochojejunostomy |
| 3. rectocele | 8. etiology | 13. perianal |
| 4. hepatomegaly | 9. choledochotomy | 14. colostomy |
| 5. palatoplasty | 10. dentibuccal | 15. submandibular |
| | | 16. facial |

F

- | | | |
|-----------------|-----------------|-----------------------|
| 1. proctologist | 4. endodontist | 7. gastroenterologist |
| 2. urologist | 5. oral surgeon | 8. periodontist |
| 3. orthodontist | 6. nephrologist | 9. colorectal surgeon |

G

- | | | |
|---|-----------------|--|
| 1. appendicitis | 6. ileitis | 11. sialadenitis |
| 2. colitis | 7. pancreatitis | 12. enterocolitis (when two combining forms for gastrointestinal organs are in a term, use the one that is closest to the mouth first) |
| 3. esophagitis | 8. gingivitis | |
| 4. peritonitis (note that the e is dropped) | 9. hepatitis | |
| 5. cholecystitis | 10. stomatitis | |

H

- | | | |
|------------------|-------------------|------------------------|
| 1. hyperglycemia | 5. defecation | 9. anastomosis |
| 2. cheilitis | 6. glycogenolysis | 10. biliary |
| 3. parenteral | 7. mesentery | 11. gluconeogenesis |
| 4. mucosa | 8. portal vein | 12. hyperbilirubinemia |

I

- | | | |
|-----------------|----------------|------------------|
| 1. hematochezia | 5. ascites | 9. diarrhea |
| 2. anorexia | 6. borborygmus | 10. constipation |
| 3. steatorrhea | 7. flatus | 11. dysphagia |
| 4. melena | 8. nausea | 12. eructation |

J

- | | | |
|---|--|--|
| 1. yellow-orange coloration of the skin and other tissues (hyperbilirubinemia) | b. obstruction of bile flow, so that bile and bilirubin are not excreted and accumulate in the bloodstream | c. excessive hemolysis leading to overproduction of bilirubin and high levels in the bloodstream |
| 2. a. any liver disease (hepatopathy—such as cirrhosis, hepatoma, or hepatitis), so that bilirubin is not processed into bile and cannot be excreted in feces | | 3. cause is not known |

K

- | | | |
|----------------------------|------------------------|-------------------------|
| 1. esophageal cancer | 5. colonic polyps | 9. aphthous stomatitis |
| 2. anal fistula | 6. oral leukoplakia | 10. periodontal disease |
| 3. dental caries | 7. herpetic stomatitis | 11. pancreatic cancer |
| 4. Crohn disease (Crohn's) | 8. colorectal cancer | 12. achalasia |

L

- | | | |
|------------------|-----------------------|--------------------------------------|
| 1. hiatal hernia | 6. volvulus | 11. viral hepatitis |
| 2. dysentery | 7. esophageal varices | 12. pancreatitis |
| 3. hemorrhoids | 8. diverticulosis | 13. cholecystolithiasis (gallstones) |
| 4. peptic ulcer | 9. ulcerative colitis | 14. cirrhosis |
| 5. ileus | 10. intussusception | 15. irritable bowel syndrome |

M

- | | | |
|-----------------------|-----------------|-----------------------------|
| 1. mesentery | 6. volvulus | 11. achlorhydria |
| 2. cholecystectomy | 7. pancreas | 12. gastroesophageal reflux |
| 3. melena | 8. anorexia | 13. uvulectomy |
| 4. hyperbilirubinemia | 9. hemorrhoids | 14. lithogenesis |
| 5. sublingual | 10. anastomosis | |



PRONUNCIATION OF TERMS

To test your understanding of the terminology in this chapter, write the meaning of each term in the space provided. In addition, you may wish to cover the terms and write them by looking at your definitions. Make sure your spelling is correct. The page number after each term indicates where it is defined or used in the book, so you can easily check your responses. You will find complete definitions for all of these terms and their audio pronunciations on the Evolve website.

Pronunciation Guide

ā as in āpe	ă as in ăpple
ē as in ēven	ě as in ěvery
ī as in īce	ĩ as in ĩnterest
ō as in ōpen	ő as in pőt
ū as in ūnit	ű as in ūnder

Vocabulary and Terminology

TERM	PRONUNCIATION	MEANING
absorption (150)	ăb-SÖRP-shŭn	_____
achlorhydria (158)	ă-chlŏr-HĪD-rē-ă	_____
amino acids (150)	ă-MĒ-nŏ ĀS-ĭdz	_____
amylase (150)	ĂM-ĭ-lās	_____
anastomosis (155)	ă-nās-tŏ-MŌ-sĭs	_____
anus (150)	Ă-nŭs	_____
appendectomy (153)	ăp-ĕn-DĚK-tŏ-mĒ	_____
appendicitis (153)	ă-pĕn-dĭ-SĪ-tĭs	_____
appendix (150)	ă-PĚN-dĭks	_____
bile (150)	bĭl	_____
biliary (157)	BĪL-ē-ăr-ē	_____
bilirubin (150)	bĭl-ĭ-ROO-bĭn	_____
bowel (150)	BŌW-ĕl	_____
buccal mucosa (153)	BŪK-ăl mŭ-KŌ-să	_____
canine teeth (150)	KĀ-nĭn tĕth	_____
cecal (153)	SĒ-kăl	_____
cecum (150)	SĒ-kŭm	_____
celiac (153)	SĒ-lĕ-ăk	_____
cheilosis (154)	kĭ-LŌ-sĭs	_____
cholecystectomy (154)	kŏ-lĕ-sĭs-TĚK-tŏ-mĒ	_____
choledocholithiasis (158)	kŏ-lĕ-dŏ-kŏ-lĭ-THĪ-ă-sĭs	_____
choledochojejunostomy (156)	kŏ-lĕ-dŏ-kŏ-jĭ-jŭ-NŌS-tŏ-mĒ	_____
choledochotomy (154)	kŏ-lĕ-dŏ-KŌT-ŏ-mĒ	_____

TERM	PRONUNCIATION	MEANING
cholelithiasis (157)	kō-lē-lī-THĪ-ă-sīs	_____
colon (150)	KŌ-lōn	_____
colonic (154)	kō-LŌN-īk	_____
colonoscopy (154)	kō-lōn-ŌS-kō-pē	_____
colostomy (154)	kō-LŌS-tō-mē	_____
common bile duct (150)	KŌM-ōn bīl dūkt	_____
defecation (150)	dēf-ē-KĀ-shūn	_____
deglutition (150)	dē-gloo-TĪSH-ūn	_____
dentibuccal (155)	dēn-tī-BŪK-āl	_____
dentin (150)	DĒN-tīn	_____
digestion (150)	dī-JĒST-yūn	_____
duodenal (155)	dū-ō-DĒ-nāl <i>or</i> dū-ŌD-ē-nāl	_____
duodenum (150)	dū-ō-DĒ-nūm <i>or</i> dū-ŌD-ē-nūm	_____
elimination (150)	ē-līm-ī-NĀ-shūn	_____
emulsification (150)	ē-mūl-sī-fī-KĀ-shūn	_____
enamel (151)	ē-NĀM-ēl	_____
endodontist (156)	ēn-dō-DŌN-tīst	_____
enterocolitis (155)	ēn-tēr-ō-kō-LĪ-tīs	_____
enteroenterostomy (155)	ēn-tēr-ō-ēn-tēr-ŌS-tō-mē	_____
enzyme (151)	ĒN-zīm	_____
esophageal (156)	ē-sōf-ā-JĒ-āl	_____
esophagus (151)	ē-SŌF-ā-gūs	_____
fatty acids (151)	FĀT-tē Ā-sīdz	_____
facial (156)	FĀ-shūl	_____
feces (151)	FĒ-sēz	_____
gallbladder (151)	GAWL-blă-dēr	_____
gastrointestinal tract (140)	gās-trō-īn-TĒS-tīn-āl trākt	_____
gastrojejunostomy (156)	gās-trō-jē-jū-NŌS-tō-mē	_____
gastrostomy (156)	gās-TRŌS-tō-mē	_____
gingivitis (156)	jīn-jī-VĪ-tīs	_____
gluconeogenesis (158)	gloo-kō-nē-ō-JĒN-ē-sīs	_____

TERM	PRONUNCIATION	MEANING
glucose (151)	GLOO-kōs	_____
glycogen (151)	GLĪ-kō-jĕn	_____
glycogenolysis (158)	glī-kō-jĕ-NÖL-ĭ-sĭs	_____
hepatoma (156)	hĕ-pă-TŌ-mă	_____
hepatomegaly (156)	hĕ-pă-tō-MĚG-ă-lĒ	_____
hydrochloric acid (151)	hĭ-drō-KLÖR-ĭk Ä-sĭd	_____
hyperbilirubinemia (157)	hĭ-pĕr-bĭl-ĭ-roo-bĭ-NĒ-mĕ-ă	_____
hyperglycemia (158)	hĭ-pĕr-glī-SĒ-mĕ-ă	_____
hypoglossal (156)	hĭ-pō-GLÖ-săl	_____
ileitis (156)	ĭl-ĕ-Ī-tĭs	_____
ileocecal sphincter (156)	ĭl-ĕ-ō-SĒ-kăl SFĬNK-tĕr	_____
ileostomy (156)	ĭl-ĕ-ÖS-tō-mĕ	_____
ileum (151)	ĪL-ĕ-ŭm	_____
incisor (151)	ĭn-SĪ-zör	_____
insulin (151)	ĪN-sŭ-lĭn	_____
jejunum (151)	jĕ-JOO-nŭm	_____
labial (156)	LĀ-bĕ-ăl	_____
laparoscopy (156)	lă-pă-RÖS-kō-pĕ	_____
lipase (151)	LĪ-pās	_____
lithogenesis (158)	lĭth-ō-JĚN-ĕ-sĭs	_____
liver (151)	LĪ-vĕr	_____
lower esophageal sphincter (151)	LÖW-ĕr ĕ-sōf-ă-JĒ-ăl SFĬNK-tĕr	_____
mastication (151)	măs-tĭ-KĀ-shŭn	_____
mesentery (155)	MĚS-ĕn-tĕr-ĕ	_____
molar teeth (151)	MŌ-lăr tĕth	_____
oral (157)	ÖR-ăl	_____
orthodontist (156)	ör-thō-DÖN-tĭst	_____
palate (151)	PĀL-ăt	_____
palatopharyngoplasty (157)	păl-ă-tō-fă-RĬNG-gō-plăs-tĕ	_____
palatoplasty (157)	PĀL-ă-tō-plăs-tĕ	_____
pancreas (151)	PĀN-krĕ-ăs	_____
pancreatitis (157)	păn-krĕ-ă-TĪ-tĭs	_____
papillae (151)	pă-PĪL-ĕ	_____

TERM	PRONUNCIATION	MEANING
parenteral (155)	pă-RĚN-těr-ăl	_____
parotid gland (151)	pă-RÖT-ïd glând	_____
perianal (153)	pě-rē-Ā-năl	_____
periodontist (156)	pěr-ē-ō-DÖN-tïst	_____
peritonitis (157)	pěr-ï-tō-NĪ-tïs	_____
peristalsis (152)	pěr-ï-STĀL-sïs	_____
pharyngeal (157)	făr-ăn-JĚ-ăl <i>or</i> fă-RĪN-jē-ăl	_____
pharynx (152)	FĀR-ïnks	_____
portal vein (152)	PÖR-tăl vān	_____
postprandial (158)	pōst-PRĀN-dē-ăl	_____
premolar teeth (141)	prē-MŌ-lăr tēth	_____
proctologist (157)	prök-TÖL-ō-jïst	_____
protease (152)	PRŌ-tē-āse	_____
pulp (152)	pŭlp	_____
pyloric sphincter (152)	pī-LÖR-ïk SFĪNK-těr	_____
pyloroplasty (157)	pī-LÖR-ō-plās-tē	_____
pylorus (152)	pī-LÖR-ŭs	_____
rectocele (157)	RĚK-tō-sēl	_____
rectum (152)	RĚK-tŭm	_____
rugae (152)	ROO-gē	_____
saliva (152)	să-LĪ-vă	_____
salivary glands (152)	SĀL-ï-vār-ē glândz	_____
sialadenitis (157)	sī-ăl-ă-dē-NĪ-tïs	_____
sialolith (158)	sī-ĀL-ō-lith	_____
sigmoid colon (152)	SĪG-moyd KŌ-lŏn	_____
sigmoidoscopy (157)	sig-moyd-ÖS-kō-pē	_____
sphincter (152)	SFĪNK-těr	_____
steatorrhea (158)	stē-ă-tō-RĚ-ă	_____
stomach (152)	STŌM-ak	_____
stomatitis (157)	stō-mă-TĪ-tïs	_____
sublingual (156)	sŭb-LĪNG-wăl	_____
submandibular (156)	sŭb-măn-DĪB-ŭ-lăr	_____

TERM	PRONUNCIATION	MEANING
triglycerides (153)	trī-GLĪ-sě-rīdz	_____
uvula (153)	Ū-vū-lă	_____
uvulectomy (157)	ū-vū-LĒK-tō-mē	_____
villi (153)	VĪL-ī	_____

Pathologic Terminology

TERM	PRONUNCIATION	MEANING
achalasia (162)	ăk-ăh-LĀ-zē-ă	_____
anal fistula (164)	Ā-nāl FĪS-tū-lă	_____
anorexia (159)	ăn-ō-RĒK-sē-ă	_____
aphthous stomatitis (161)	ĂF-thūs stō-mă-TĪ-tīs	_____
ascites (159)	ă-SĪ-tēz	_____
borborygmus (159)	bör-bō-RĪG-mūs	_____
cholelithiasis (167)	kō-lě-lī-THĪ-ă-sīs	_____
cirrhosis (167)	sīr-RŌ-sīs	_____
colonic polyps (164)	kō-LŌN-īk pōlīps	_____
colorectal cancer (164)	kō-lō-RĒK-tāl KĀN-sēr	_____
constipation (159)	cōn-stī-PĀ-shūn	_____
Crohn disease (164)	krōn dĩ-ZĒZ	_____
dental caries (161)	DĒN-tāl KĀR-ēz	_____
diarrhea (160)	dī-ăh-RĒ-ă	_____
diverticula (165)	dī-věr-TĪK-ū-lă	_____
diverticulitis (165)	dī-věr-tīk-ū-LĪ-tīs	_____
diverticulosis (165)	dī-věr-tīk-ū-LŌ-sīs	_____
dysentery (165)	DĪS-ěn-tēr-ē	_____
dysphagia (160)	dīs-PHĀ-jē-ă	_____
eructation (160)	ē-rūk-TĀ-shūn	_____
esophageal cancer (162)	ě-sōf-ă-JĒ-ăl KăN-sēr	_____
esophageal varices (162)	ě-sōf-ă-JĒ-ăl VĀR-ī-sēz	_____
etiology (159)	ē-tē-ŌL-ō-jē	_____
flatus (160)	FLĀ-tūs	_____

TERM	PRONUNCIATION	MEANING
gastric cancer (162)	GĀS-trīk KĀN-sēr	_____
gastroesophageal reflux disease (162)	gās-trō-ě-sōf-ă-JĒ-ăl RĒ-flūx dī-ZĒZ	_____
hematochezia (160)	hē-mă-tō-KĒ-zē-ă	_____
hemorrhoids (165)	HĚM-ō-roydz	_____
herpetic stomatitis (162)	hēr-PĚT-īk stō-mă-TĪ-tīs	_____
hiatal hernia (163)	hī-Ā-tăl HĚR-nē-ă	_____
icterus (160)	ĪK-tēr-ūs	_____
idiopathic (159)	īd-ē-ō-PĀTH-īk	_____
ileus (166)	ĪL-ē-ūs	_____
inflammatory bowel disease (166)	īn-FLĀ-mă-tō-rē BŌW-ěl dī-ZĒZ	_____
inguinal hernia (163)	ĪNG-wī-năl HĚR-nē-ă	_____
intussusception (166)	īn-tūs-sūs-SĚP-shŭn	_____
irritable bowel syndrome (166)	ĪR-ī-tă-bl BŌW-ěl SĪN-drōm	_____
jaundice (160)	JĀWN-dīs	_____
lipoma (158)	li-PŌ-mă	_____
melena (161)	MĚL-ě-nă <i>or</i> mē-LĒ-nă	_____
nausea (161)	NĀW-zē-ă	_____
oral leukoplakia (162)	ŌR-ăl lū-kō-PLĀ-kē-ă	_____
pancreatic cancer (169)	păn-krē-Ā-tīc KĀN-sēr	_____
pancreatitis (169)	păn-krē-ă-TĪ-tīs	_____
peptic ulcer (163)	PĚP-tīc ŪL-sēr	_____
periodontal disease (162)	pēr-ē-ō-DŌN-tăl dī-ZĒZ	_____
pyorrhea (158)	pī-ör-RĒ-ă	_____
ulcerative colitis (166)	ŪL-sēr-ă-tīv kō-LĪ-tīs	_____
viral hepatitis (169)	VĪ-răl hēp-ă-TĪ-tīs	_____
volvulus (167)	VŌL-vū-lūs	_____

Note: The “Review Sheet” for this chapter is combined with the “Review Sheet” for Chapter 6 on page 213.



CHAPTER 6

Additional Suffixes and Digestive System Terminology

This chapter is divided
into the following sections:

Introduction, 188

Suffixes, 188

Terminology, 191

Laboratory Tests and Clinical Procedures, 193

Abbreviations, 200

Practical Applications, 200

In Person: Cholecystectomy, 201

Exercises, 202

Answers to Exercises, 208

Pronunciation of Terms, 210

Review Sheet, 213

CHAPTER GOALS

- Define new suffixes and use them to form terms related to the digestive system.
- List and explain laboratory tests, clinical procedures, and abbreviations relevant to the digestive system.
- Apply your new knowledge to understanding medical terms in their proper context, such as in medical reports and records and in personal vignettes.

INTRODUCTION

This chapter gives you practice in word building, while not introducing a large number of new terms. It uses many familiar terms from Chapter 5, which should give you a breather after your hard work.

Study the suffixes below and complete the meanings of the terms. Checking the meanings of the terms with a dictionary may prove helpful and add another dimension to your understanding.



The information included under Laboratory Tests and Clinical Procedures and in the Abbreviations section relates to the gastrointestinal system and will be useful for work in clinical or laboratory medical settings.

The Practical Applications section gives you examples of medical language in context. Congratulate yourself as you decipher medical sentences, operative reports, and case studies.



SUFFIXES

Write the meaning of the medical term in the space provided.

SUFFIX	MEANING	TERMINOLOGY	MEANING
-ectasis, -ectasia 	dilation, (dilatation), widening	cholangiectasis _____ <i>Cholangi/o means bile duct (vessel). This condition is secondary to bile duct obstruction.</i>	
-emesis	vomiting	hematemesis _____ <i>Bright red blood is vomited, often associated with esophageal varices or peptic ulcer.</i>	
-pepsia	digestion	dyspepsia _____	
-phagia	eating, swallowing	polyphagia _____ <i>Excessive appetite and uncontrolled eating.</i>	
		dysphagia  _____	
-plasty	surgical repair	abdominoplasty _____ <i>This is commonly referred to as a "tummy tuck." Other surgical repairs are rhinoplasty and blepharoplasty.</i>	






-ectasis, -ectasia

These suffixes are commonly used in respiratory system terminology in Chapter 12. Examples are bronchiectasis and atelectasis (a- = not, tel = complete), which is a collapsed lung.



Dysphagia/Dysplasia/Dysphasia

Don't confuse **dysphagia**, which is difficulty in swallowing, with **dysplasia**, which is abnormal formation (plas/o = formation), or **dysphasia**, which is abnormal speech (phas/o = speech).

SUFFIX	MEANING	TERMINOLOGY	MEANING
-ptysis	spitting	hemoptysis  _____ <i>From the respiratory tract and lungs.</i>	
-rrhage, -rrhagia	bursting forth (of blood)	hemorrhage _____ <i>Loss of a large amount of blood in a short period.</i>	
		gastrorrhagia _____	
-rrhaphy	suture	herniorrhaphy _____ <i>Repair (as in stitching or suturing) of a hernia. Hernioplasty is a synonym. Tenorrhaphy (ten = tendon) is another common use of this suffix.</i>	
-rrhea 	flow, discharge	diarrhea _____ <i>The embedded root rrh means flow or discharge.</i>	
-spasm	involuntary contraction of muscles	pylorospasm _____ bronchospasm _____ <i>A chief characteristic of bronchitis and asthma.</i>	
-stasis	stopping, controlling	cholestasis _____ <i>Flow of bile from the liver to the duodenum is interrupted.</i>	
-stenosis 	narrowing, tightening	pyloric stenosis _____ <i>This is a congenital defect in newborns blocking the flow of food into the small intestine.</i>	



Hemoptysis and Hematemesis

Hemoptysis is spitting up blood from the respiratory tract, a sign of bleeding and disease within the bronchial tubes and lungs. **Hematemesis** is vomiting blood, a sign of bleeding from the upper part of the gastrointestinal tract.



-rrhea

The suffix -rrhea is used to indicate flow or discharge of various substances:

- rhinorrhea – mucus from the nose
- pyorrhea – pus from the gums
- menorrhea – menstrual (men/o) blood from the uterine lining
- leukorrhea – white, yellowish fluid from the vagina



Stenosis

Stenosis comes from the Greek meaning “narrowing.” It is sometimes called a **stricture**. While it is used in the gastrointestinal system to describe narrowing, as in bowel obstruction, biliary tract stenosis, and pyloric stenosis, there are other stenoses as well. These include:

- arterial stenosis
- heart valve stenosis
- spinal stenosis
- tracheal stenosis

SUFFIX	MEANING	TERMINOLOGY	MEANING
-tresia	opening	<u>atresia</u> _____ <i>Absence of a normal opening.</i>	
		<u>esophageal atresia</u> _____ <i>A congenital anomaly in which the esophagus does not connect with the stomach. A tracheoesophageal fistula often accompanies this abnormality (Figure 6-1).</i>	
		<u>biliary atresia</u> _____ <i>Congenital hypoplasia or nonformation of bile ducts causes neonatal cholestasis and jaundice.</i>	

Examples of suffixes that are used alone as separate terms are:

emesis (emetic)	If a child swallows poison, the physician may prescribe a drug to induce emesis . An example of an emetic is a strong solution of salt or ipecac syrup.
lysis	The disease caused lysis of liver cells.
spasm	Eating spicy foods can lead to spasm of gastric sphincters.
stasis	Overgrowth of bacteria within the small intestine can cause stasis of the intestinal contents.
stenosis	Projectile vomiting in an infant during feeding is a clinical sign of pyloric stenosis .

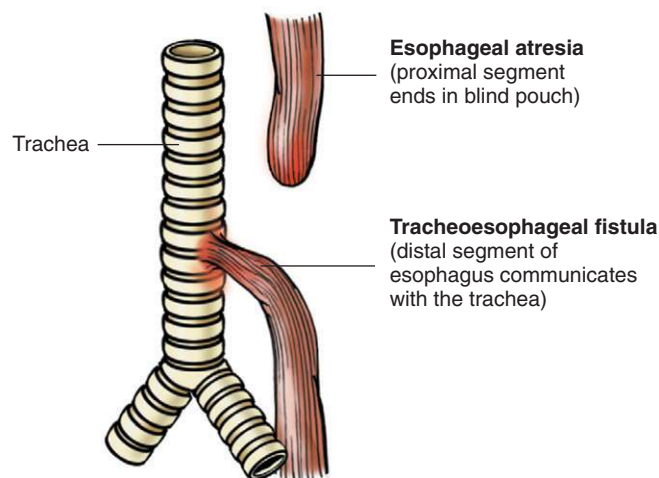


FIGURE 6-1 Esophageal atresia with tracheoesophageal fistula.



TERMINOLOGY

Write the meaning of the terms in the spaces provided.

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
bucc/o	_____	buccal _____	
cec/o	_____	cecal volvulus _____	
celi/o	_____	celiac disease _____ <i>Damage to the lining of the small intestine as a reaction to eating gluten (protein found in wheat, barley, and rye). Malabsorption and malnutrition occur. Treatment consists of a lifelong gluten-free diet. It is also called celiac sprue.</i>	
cheil/o	_____	cheilosis _____ <i>Characterized by scales and fissures on the lips and resulting from a deficiency of vitamin B₂ (thiamine) in the diet.</i>	
chol/e	_____	cholelithiasis _____	
choangi/o	_____	cholangitis _____ <i>In this term, one i is dropped. The most common cause of this condition is bacterial infection.</i>	
		cholangiocarcinoma _____	
cholecyst/o	_____	cholecystectomy _____	
choleoch/o	_____	choleochal _____	
		choleochectasia _____	
col/o	_____	colectomy _____ <i>Surgeons perform laparoscopic-assisted colectomy (LAC) as an alternative to open colectomy to remove nonmetastatic colorectal carcinomas.</i>	
colon/o	_____	colonoscopy _____	
dent/i	_____	dentalgia _____	
duoden/o	_____	duodenal _____	
enter/o	_____	gastroenteritis _____	
esophag/o	_____	esophageal atresia _____ <i>This congenital anomaly must be corrected surgically.</i>	
gastr/o	_____	gastrojejunostomy _____	
		gastrostomy _____ <i>Also called a G tube or “button”. One type is a PEG (percutaneous endoscopic gastrostomy) tube, which is inserted (laparoscopically) through the abdomen into the stomach to deliver food and liquids when swallowing is impossible.</i>	

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
gingiv/o	_____	gingivectomy _____	
gloss/o	_____	glossectomy _____	
gluc/o	_____	gluconeogenesis _____	
glyc/o	_____	glycogen _____ <i>A form of sugar stored in the liver.</i>	
hepat/o	_____	hepatomegaly _____	
herni/o	_____	herniorrhaphy _____	
ile/o	_____	ileostomy _____	
jejun/o	_____	cholecystojejunostomy _____	
labi/o	_____	labiodental _____	
lingu/o	_____	sublingual _____	
lip/o	_____	lipase _____	
lith/o	_____	cholecystolithiasis _____	
odont/o	_____	periodontal membrane _____	
or/o	_____	oropharynx _____ <i>The tonsils are located in the oropharynx.</i>	
palat/o	_____	palatoplasty _____ <i>Also called palatorrhaphy, this procedure corrects cleft (split) palate, a congenital anomaly.</i>	
pancreat/o	_____	pancreatic _____ pancreatoduodenectomy _____ <i>Sometimes called a pancreaticoduodenectomy. This is a Whipple procedure, a surgical treatment for pancreatic cancer. See page 200.</i>	
proct/o	_____	proctosigmoidoscopy _____	
pylor/o	_____	pyloric stenosis _____	
rect/o	_____	rectal carcinoma _____	
sialaden/o	_____	sialadenectomy _____	
splen/o	_____	splenic flexure _____ <i>The downward bend in the transverse colon near the spleen. The hepatic flexure is the bend in the transverse colon near the liver.</i>	
steat/o	_____	steatorrhea _____	
stomat/o	_____	aphthous stomatitis _____	

LABORATORY TESTS AND CLINICAL PROCEDURES

Concentrate on learning the meanings in **bold** opposite the laboratory test or procedure. Additional information is provided to increase your understanding of terms.

LABORATORY TESTS

amylase and lipase tests

Tests for the levels of amylase and lipase enzymes in the blood.

Increased levels are associated with pancreatitis.

liver function tests (LFTs)

Tests for the presence of enzymes and bilirubin in blood.

LFTs are performed on blood serum (clear fluid that remains after blood has clotted). Examples of LFTs are tests for **ALT** (alanine transaminase) and **AST** (aspartate transaminase). ALT and AST are enzymes present in many tissues. **Levels are elevated in the serum of patients with liver disease.** High ALT and AST levels indicate damage to liver cells (as in hepatitis).

Alkaline phosphatase (alk phos) is another enzyme that may be elevated in patients with liver, bone, and other diseases.

Serum bilirubin levels are elevated in patients with liver disease and jaundice. A **direct bilirubin test** measures conjugated bilirubin. High levels indicate liver disease or biliary obstruction. An **indirect bilirubin test** measures unconjugated bilirubin. Increased levels mean excessive hemolysis, as may occur in a newborn.

stool culture

Test for microorganisms present in feces.

Feces are placed in a growth medium and examined microscopically. See Figure 6-2A.

stool guaiac test or Hemoccult test

Test to detect occult (hidden) blood in feces.

This is an important screening test for colon cancer. **Guaiac** (GWĪ-äk) is a chemical from the wood of trees. When added to a stool sample, it reacts with any blood present in the feces. See Figure 6-2B.

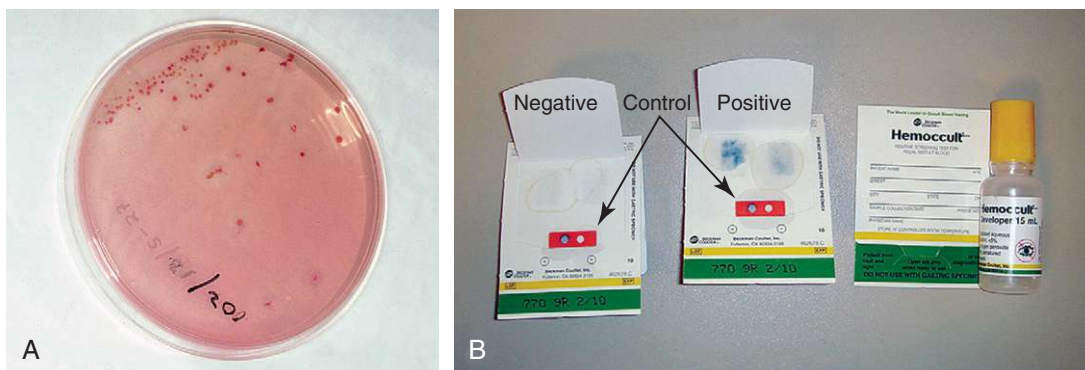


FIGURE 6-2 A, Stool culture. B, Stool guaiac test.

CLINICAL PROCEDURES

X-Ray Tests

X-ray imaging is used in many ways to detect pathologic conditions. In dental practice, x-ray images are commonly used to locate cavities (caries). Many of the x-ray tests listed here use a **contrast medium** (substance that x-rays cannot penetrate) to visualize a specific area of the digestive system. The contrast, because of its increased density relative to body tissue, allows organs and parts to be distinguished from one another on the film or screen.

lower gastrointestinal series (barium enema)

X-ray images of the colon and rectum obtained after injection of barium into the rectum.

Radiologists inject barium (a contrast medium) by enema into the rectum. Figure 6-3A shows a barium enema study of a colon with diverticulosis.

upper gastrointestinal series

X-ray images of the esophagus, stomach, and small intestine obtained after administering barium by mouth.

Often performed immediately after an upper gastrointestinal series, a **small bowel follow-through** study shows sequential x-ray pictures of the small intestine as barium passes through (Figure 6-3B). A **barium swallow** is a study of the esophagus.

cholangiography

X-ray examination of the biliary system performed after injection of contrast into the bile ducts.

In **percutaneous transhepatic cholangiography**, the contrast medium is injected using a needle placed through the abdominal wall into the liver. In **endoscopic retrograde cholangiopancreatography (ERCP)** (Figure 6-4A), contrast medium is administered through an oral catheter (tube) and then passes through the esophagus, stomach, and duodenum and into bile ducts. This procedure helps diagnose problems involving the bile ducts, gallbladder, and pancreas.

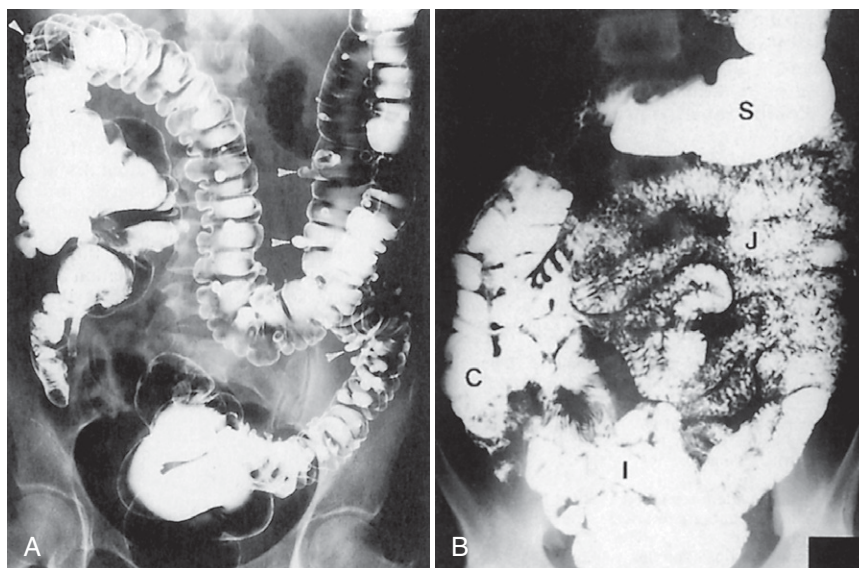


FIGURE 6-3 **A, Barium enema.** This x-ray image of a barium enema demonstrates diverticulosis. The *arrowheads* point to the diverticula throughout the colon. Most patients with diverticula are asymptomatic, but complications (diverticulitis, perforated diverticulum, obstruction, or hemorrhage) may occur. **B,** An x-ray image of a **small-bowel follow-through** study demonstrating the normal appearance of the jejunum (J) in the upper left abdomen and of the ileum (I) in the right lower abdomen. Notice the contrast material within the stomach (S) and cecum (C).

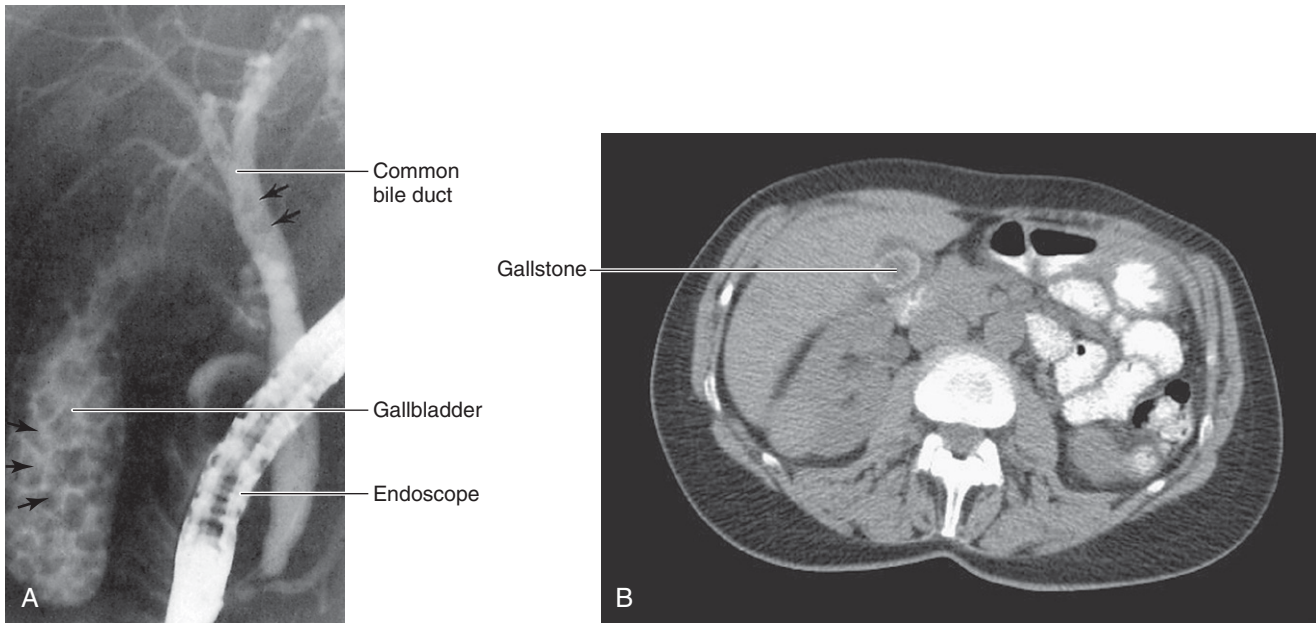


FIGURE 6-4 A, Endoscopic retrograde cholangiopancreatography (ERCP) showing choledocholithiasis in a patient with biliary colic (pain). Multiple stones are visible in the gallbladder and common bile duct. The stones (*arrows*) are seen as filling defects in the contrast-opacified gallbladder and duct. This patient was treated with open (performed via laparotomy) cholecystectomy and choledocholithotomy. B, Computed tomography scan with contrast showing large “porcelain stone” in the gallbladder. The patient was asymptomatic, but a therapeutic option with this type of stone is removal of the gallbladder (using laparoscopy) to prevent any future problems (cholecystitis or carcinoma of the gallbladder). (B, Courtesy Radiology Department, Massachusetts General Hospital, Boston.)

computed tomography (CT)

A series of x-ray images are taken in multiple views (especially cross section).

A **CT scan** uses a circular array of x-ray beams to produce the cross-sectional image based on differences in tissue densities. Use of contrast material allows visualization of organs and blood vessels and highlights differences in blood flow between normal and diseased tissues (Figure 6-4B and Figures 6-5A and B). **Tomography** (tom/o means cutting) produces a series of x-ray pictures showing multiple views of an organ. An earlier name for a CT scan is “CAT scan” (computerized axial tomography scan).

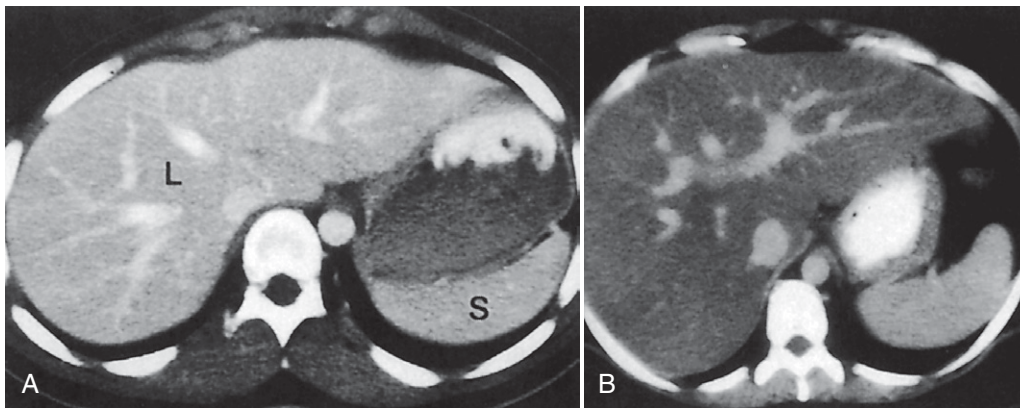


FIGURE 6-5 Computed tomography (CT) images of normal and diseased liver. A, Normal liver. Contrast material has been injected intravenously, making blood vessels appear bright. The liver (L) and spleen (S) are the same density on this CT image. B, Fatty liver. The radiodensity of the liver tissue is reduced because of the large volume of fat contained in the tissue, making it appear darker than normal. Excess fat can lead to inflammation of the liver and cirrhosis.

ULTRASOUND EXAMINATIONS

abdominal ultrasonography

Sound waves beamed into the abdomen produce an image of abdominal viscera.

Ultrasonography is especially useful for examination of fluid-filled structures such as the gallbladder.

endoscopic ultrasonography (EUS)

Use of an endoscope combined with ultrasound to examine the organs of the gastrointestinal tract.

An endoscope is inserted through the mouth or rectum, and ultrasound images are obtained. This test is often used in assessing pancreatic cancer.

MAGNETIC RESONANCE

magnetic resonance imaging (MRI)

Magnetic waves produce images of organs and tissues in all three planes of the body.

This technique does not use x-rays. It detects subtle differences in tissue composition, water content, and blood vessel density, and can show sites of trauma, infection, or cancer. See Figure 6-6, which shows an MRI study of a patient with rectosigmoid carcinoma and polyps in the rectum. CT scanning would not have shown these lesions as clearly.

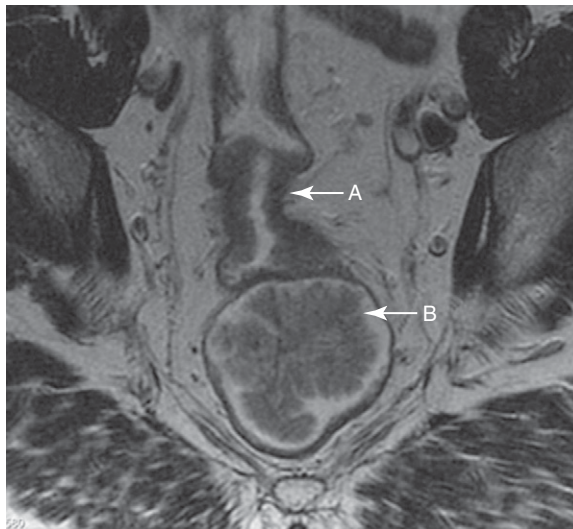


FIGURE 6-6 Rectal MRI. A 68-year-old male presents with rectal bleeding. MRI demonstrates a **colonic adenocarcinoma** in the rectosigmoid area (A) as well as a **villous adenoma** in the rectum (B).

NUCLEAR MEDICINE TEST

HIDA scan

Radioactive imaging procedure that tracks the production and flow of bile from the liver and gallbladder to the intestine.

HIDA stands for hepatobiliary iminodaiacetic acid. **Cholescintigraphy** is another name for this test, which determines if the gallbladder is functioning properly.

OTHER PROCEDURES

gastric bypass or bariatric surgery

Reducing the size of the stomach and diverting food to the jejunum (gastrojejunostomy).

This is **bariatric** (bar/o = weight; iatr/o = treatment) **surgery** for severe obesity. The **Roux-en-Y gastric bypass procedure** reduces the size of the stomach to a volume of 2 tablespoons and bypasses much of the small intestine (Figure 6-7). The name Roux-en-Y comes from the surgeon who first described it (César Roux) and the anastomosis of the duodenum and jejunum, which looks like the letter Y.

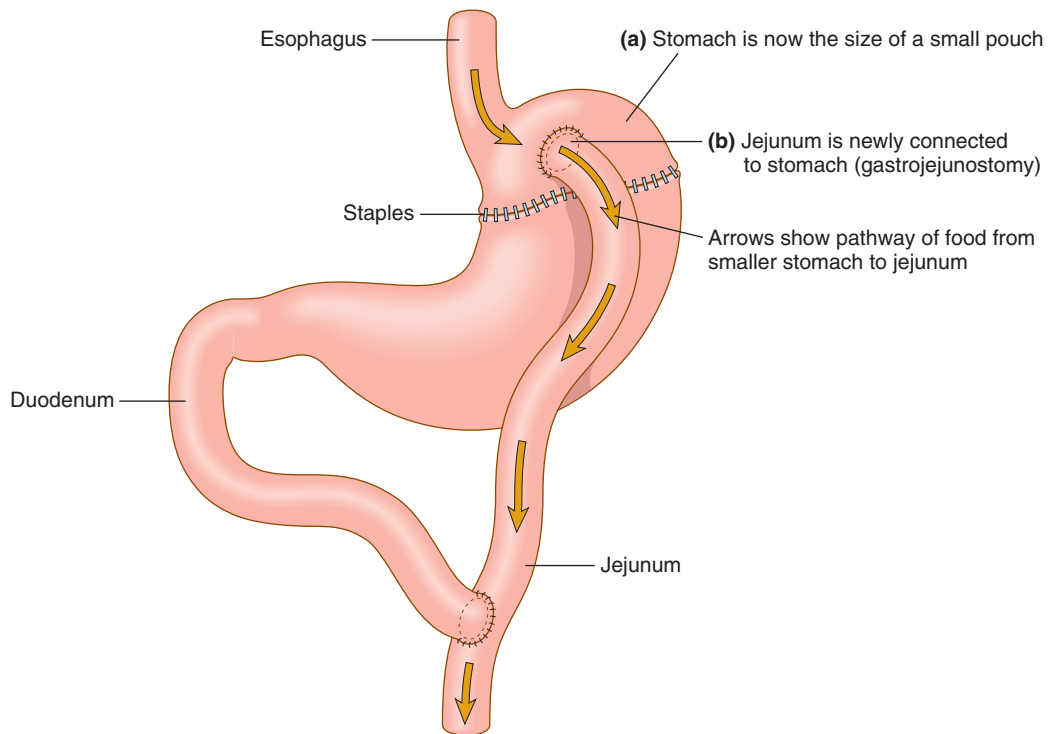


FIGURE 6-7 Gastric bypass. First (a) the stomach is stapled so that it is reduced in size to a small pouch. Next (b) a shortened jejunum is brought up to connect with the smaller stomach. This diverts food so that it has a shorter travel time through the intestine and less food is absorbed into the bloodstream.

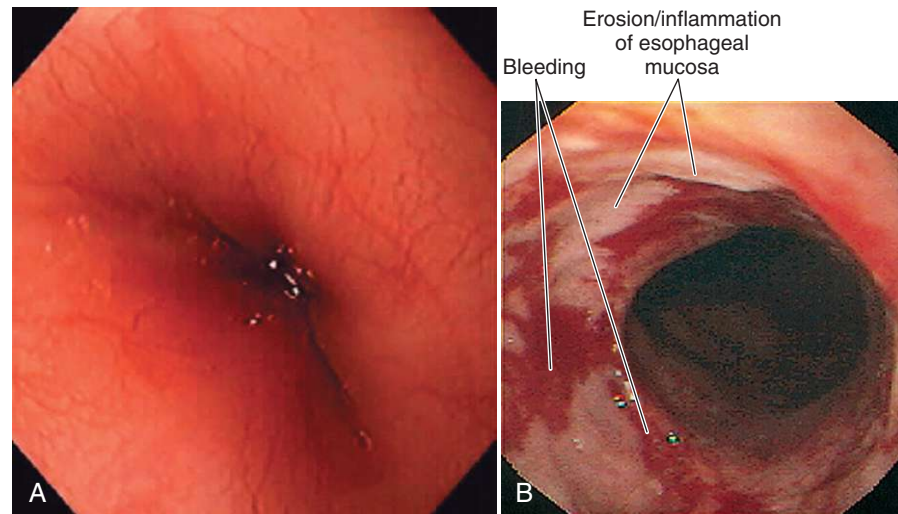


FIGURE 6-8 A, Normal endoscopy of the esophagus. B, Esophagogastrroduodenoscopy. This endoscopic view shows severe esophagitis in a patient who had gastroesophageal reflux disease (GERD).

gastrointestinal endoscopy

Visual examination of the gastrointestinal tract using an endoscope.

A physician places a flexible fiberoptic tube through the mouth or the anus to view parts of the gastrointestinal tract. Examples are **esophagogastrroduodenoscopy (EGD)** (Figure 6-8), **colonoscopy** (Figures 6-9 and 6-10), **sigmoidoscopy**, **proctoscopy**, and **anoscopy**.

Virtual colonoscopy (CT colonography) combines CT scanning and computer technology to enable physicians to examine the entire length of the colon by x-ray imaging in just minutes. Because this is only a screening procedure, patients with abnormal findings require conventional colonoscopy afterward.

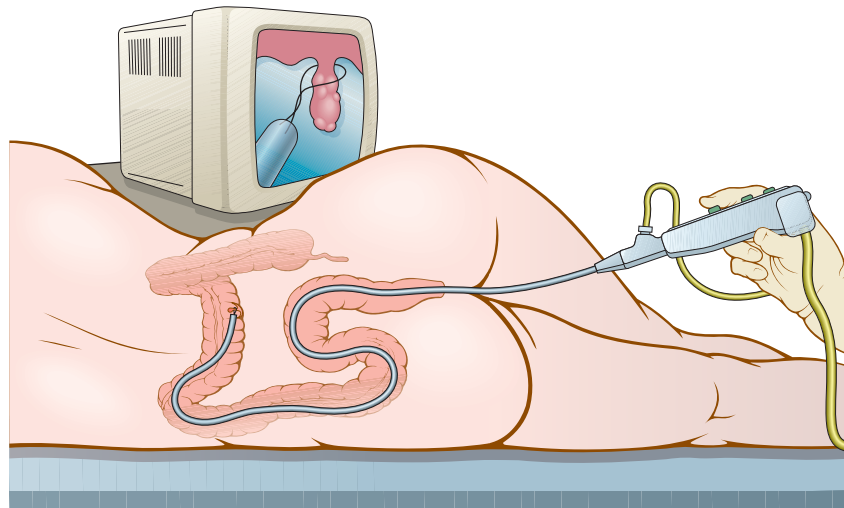
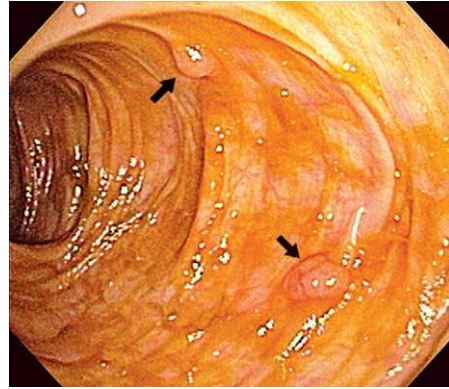


FIGURE 6-9 Colonoscopy with polypectomy. Before the procedure, the patient ingests agents to clean the bowel of feces. The patient is sedated and the gastroenterologist advances the instrument in retrograde fashion, guided by images from a video camera on the tip of the colonoscope. When a polyp is located, a wire snare is passed through the endoscope and looped around the stalk. After the loop is gently tightened, an electrical current is applied to cut through the stalk. The polyp is removed for microscopic tissue examination (biopsy).

FIGURE 6-10 Colonoscopy case report. A 60-year-old man with a history of multiple and prominent colon adenomas (with some areas of high-grade dysplasia) underwent colonoscopy. The endoscope was passed through the anus and advanced to the cecum. Two pedunculated polyps (arrows) were found at the hepatic flexure. Polypectomy was performed using a hot snare. Resection and retrieval were complete.



laparoscopy

Visual (endoscopic) examination of the abdomen with a laparoscope inserted through small incisions in the abdomen.

Laparoscopic cholecystectomy (see Figure 5-28, page 168) and laparoscopic appendectomy are performed by gastrointestinal and general surgeons. See the *In Person* story of a woman who underwent laparoscopic cholecystectomy (see page 201).

liver biopsy

Removal of liver tissue for microscopic examination.

A physician inserts a needle through the skin to remove a small piece of tissue for microscopic examination. The average sample is less than 1 inch long. The procedure helps doctors diagnose cirrhosis, chronic hepatitis, and tumors of the liver.

nasogastric intubation

Insertion of a tube through the nose into the stomach.

Physicians use a nasogastric (NG) tube to remove fluid postoperatively and to obtain gastric or intestinal contents for analysis (Figure 6-11).

paracentesis (abdominocentesis)

Surgical puncture to remove fluid from the abdomen.

This procedure is necessary to drain fluid (accumulated in ascites) from the peritoneal (abdominal) cavity.

FIGURE 6-11 Nasogastric intubation. This patient is recovering from surgery and the nasogastric tube is suctioning secretions from the stomach postoperatively.





ABBREVIATIONS

alk phos	alkaline phosphatase	HBV	hepatitis B virus
ALT, AST	alanine transaminase, aspartate transaminase—enzymes measured to evaluate liver function	IBD	inflammatory bowel disease (Crohn disease and ulcerative colitis)
BE	barium enema	LAC	laparoscopic-assisted colectomy
BM	bowel movement	LFTs	liver function tests—alk phos, bilirubin, AST, ALT
BRBPR	bright red blood per rectum—hematochezia (Latin <i>per</i> means through)	MRI	magnetic resonance imaging
CD	celiac disease	NG tube	nasogastric tube
CT	computed tomography	NPO	nothing by mouth (Latin <i>nil per os</i>)
EGD	esophagogastroduodenoscopy	PEG tube	percutaneous endoscopic gastrostomy tube—feeding tube
ERCP	endoscopic retrograde cholangiopancreatography	PEJ tube	percutaneous endoscopic jejunostomy tube—feeding tube
EUS	endoscopic ultrasonography	PTHC	percutaneous transhepatic cholangiography
FOBT	fecal occult blood test	PUD	peptic ulcer disease
G tube	gastrostomy tube; also called stomach tube and PEG tube—used to introduce nutrients into the stomach after insertion through the abdominal wall with laparoscopic instruments	TPN	total parenteral nutrition Intravenous TPN solutions typically contain sugar (dextrose), proteins (amino acids), electrolytes (sodium, potassium, chloride), and vitamins.
GB	gallbladder	T tube	tube placed in the bile duct for drainage into a small pouch (bile bag) on the outside of the body
GERD	gastroesophageal reflux disease		
GI	gastrointestinal		



PRACTICAL APPLICATIONS

Answers to the questions about the case report are on page 209.

CASE REPORT: PANCREATIC CANCER AND WHIPPLE PROCEDURE

A 62-year-old man came to the ED [emergency department] with complaints of fatigue, weight loss, jaundice, and anorexia. Diagnostic studies including abdominal CT with contrast, ERCP, and EUS were performed. The CT scan showed a 4-cm mass at the head of the pancreas, and ERCP revealed evidence of bile duct obstruction; a stent was placed to open the duct. Examination of a tissue biopsy specimen obtained under US guidance confirmed a localized adenocarcinoma of the head of the pancreas.

Additional studies showed no evidence of hepatic or other metastases. Surgical treatment with a Whipple procedure was recommended. This procedure was performed and included pancreatoduodenectomy, choledochojejunostomy, and gastrojejunostomy. Lymph node removal and cholecystectomy were part of the operative procedure. During surgery, it was determined that the tumor was confined to the head of the pancreas. Despite removal of the tumor, the chance of recurrence is high, with a cure rate of only about 20%.

Questions about the Case Report

1. What caused the patient's jaundice?
 - a. Excessive hemolysis
 - b. Viral hepatitis
 - c. Bile duct obstruction
 - d. Cholelithiasis
2. What test identified mass as adenocarcinoma?
 - a. Whipple procedure
 - b. Biopsy with endoscopic ultrasonography
 - c. CT scan with contrast
 - d. ERCP
3. Which is included in a Whipple procedure?
 - a. Removal of the pancreas (malignant area) and duodenum
 - b. Removal of the gallbladder
 - c. Removal of lymph nodes
 - d. All of the above
4. What anastomosis was performed?
 - a. Gallbladder and duodenum united.
 - b. Common bile duct, pancreatic duct, and small intestine were connected together.
 - c. Stomach and pancreas reconnected.
 - d. Liver and pancreas connected to the stomach.

**IN PERSON**

This first-person narrative describes the symptoms and treatment of a 42-year-old woman with gallbladder stones.

Everyone enjoys a little dessert after dinner, but when the ice cream or a creamy tart leads to pain, most would avoid it. I loved sweets, and despite the revenge they took on my waistline, I still would not pass up an ice cream cone—until my gallbladder decided it had had enough. After several late nights spent doubled over in pain, I tried to steer clear of fatty foods but could not resist the temptation of frozen yogurt.

With one hand, I pushed my cart through the supermarket; with the other hand, I fed myself some delicious low-fat (not non-fat) frozen yogurt. I never dreamed that the attendant at the quick service window actually gave me soft-serve ice cream. Within 10 minutes of eating the questionable yogurt, I broke out into a sweat; a wave of nausea took me, and a knifelike pain stabbed me in my right upper quadrant. It hurt even more when I pressed my hand on the area in an attempt to brace the pain.

Several months earlier, after a similar painful episode, I had undergone an ultrasound of my gallbladder, and the surgeon then recommended cholecystectomy. The U/S showed multiple stones in my gallbladder. Most of the stones were just the right size to lodge in the common bile duct and cause blockage of the outflow of bile that occurs after a fatty meal. When I heard the ultrasound results, I swore off all fatty foods.

I just did not imagine that ice cream masquerading as “low-fat yogurt” would be the straw that broke the camel’s back! Soon enough, I abandoned my shopping cart and apologized to the manager of the store for vomiting all over aisle 4. The unrelenting pain did not cease when I vomited—it only intensified. I have no idea how I made it home and into bed, but my husband found me several hours later in a deep sweat. I managed to call my surgeon and arrange for “semi-emergent” surgery the next morning.

Dr. Fernandez and his team performed a laparoscopic cholecystectomy and relayed to me as I came out of anesthesia that I no longer had a “bag of marbles” for a gallbladder. I had a gassy, distended feeling in my abdomen over the two weeks after surgery (carbon dioxide gas was injected into the abdomen before surgery to allow space between abdominal organs). I felt “tight as a drum” for the first few days and the day by day it went away. My four tiny incisions healed just fine, and in about 2 weeks I was feeling back to “normal.” Now I can eat ice cream to my heart’s content, only suffering the padding on my waistline, not the stabbing pain just above. Without missing a beat, my liver now delivers the bile into my small intestine right after I eat a fatty meal. The bile emulsifies (breaks down) the fat. I just don’t have a storage bag to hold bile in reserve.

I’ve had an appendectomy, my wisdom teeth removed, and now I gave up my gallbladder! How many more “useless” body parts are there to go?



Elizabeth Chabner Thompson is the CEO/Founder of BFFL Co, a company devoted to improving the patient experience. She is also a physician, ultra-marathoner, wife, and the proud mother of four children ages 9-15.



EXERCISES

Remember to check your answers carefully with the Answers to Exercises, pages 208 and 209.

A Give the meanings of the following suffixes.

- | | |
|----------------------------|-----------------------------|
| 1. -pepsia _____ | 8. -plasty _____ |
| 2. -ptysis _____ | 9. -ectasis, -ectasia _____ |
| 3. -emesis _____ | 10. -stenosis _____ |
| 4. -phagia _____ | 11. -stasis _____ |
| 5. -rrhea _____ | 12. -spasm _____ |
| 6. -rrhage, -rrhagia _____ | 13. -tresia _____ |
| 7. -rrhaphy _____ | |

B Give medical terms for the definitions that follow. Use the listed combining forms as appropriate to create terms.

chol/e
 cholangi/o
 choledoch/o

gastr/o
 hemat/o
 hem/o

herni/o
 palat/o
 pylor/o

- stoppage of bile (flow) _____
- suture of a hernia _____
- dilation of bile ducts _____
- spitting up blood (from the respiratory tract) _____
- vomiting blood (from the digestive tract) _____
- surgical repair of roof of the mouth _____
- narrowing of the pyloric sphincter _____
- bursting forth of blood from the stomach _____
- sudden, involuntary contraction of muscles at the distal region of the stomach

- bursting forth of blood _____
- incision of the common bile duct _____

C Give the meanings of the following terms.

1. dysphagia _____
2. polyphagia _____
3. dyspepsia _____
4. biliary atresia _____
5. pyorrhea _____
6. cholestasis _____
7. esophageal atresia _____
8. pyloroplasty _____
9. splenorrhagia _____
10. proctosigmoidoscopy _____
11. hemorrhage _____
12. cholangitis _____

D Match the following surgical procedures with their meanings below.

abdominoplasty

colectomy

palatoplasty

cecostomy

gingivectomy

pancreatoduodenectomy

cholecystectomy

herniorrhaphy

paracentesis

cholecystojejunostomy

ileostomy

sphincterotomy

1. removal of the gallbladder _____
2. large bowel resection _____
3. suture of a weakened muscular wall (hernia) _____
4. new opening of the first part of the colon to the outside of the body _____
5. surgical repair of the abdomen _____
6. incision of a ring of muscles _____
7. removal of the pancreas and duodenum _____
8. opening of the third part of the small intestine to the outside of the body

9. removal of gum tissue _____
10. Anastomosis between the gallbladder and second part of the small intestine

11. surgical puncture of the abdomen for withdrawal of fluid _____
12. surgical repair of the roof of the mouth _____

E Use the given meanings to complete the following terms.

1. discharge of fat: steat_____
2. difficulty in swallowing: dys_____
3. abnormal condition of gallstones: chole_____
4. pertaining to the cheek: _____al
5. pertaining to lips and teeth: _____dental
6. vomiting blood: hemat_____
7. enlargement of the liver: hepato_____
8. pertaining to under the tongue: sub_____
9. removal of the gallbladder: _____ectomy
10. pertaining to the common bile duct: chole_____
11. hemorrhage from the stomach: gastro_____

F Give the meanings of the following terms.

1. cecal volvulus _____
2. aphthous stomatitis _____
3. celiac disease _____
4. lipase _____
5. cheilosis _____
6. oropharynx _____
7. glycogen _____
8. glossectomy _____
9. sialadenectomy _____
10. periodontal membrane _____
11. choledochectasia _____
12. cholangiocarcinoma _____

G Match the name of the laboratory test or clinical procedure with its description.

abdominal ultrasonography	laparoscopy
barium enema	liver biopsy
CT scan of the abdomen	nasogastric intubation
endoscopic retrograde cholangiopancreatography	percutaneous transhepatic cholangiography
endoscopic ultrasonography	serum bilirubin
gastric bypass (bariatric surgery)	small bowel follow-through
gastrostomy (G tube)	stool culture
HIDA scan	stool guaiac (Hemoccult)

1. measurement of bile pigment in the blood _____
2. placement of feces in a growth medium for bacterial analysis _____
3. x-ray examination of the lower gastrointestinal tract _____
4. imaging of abdominal viscera via sound waves _____
5. test to reveal hidden blood in feces _____
6. sequential x-ray images of the small intestine _____
7. injection of contrast material through the skin into the liver, to obtain x-ray images of bile vessels

8. insertion of a tube through the nose into the stomach _____
9. transverse x-ray pictures of the abdominal organs _____
10. injection of contrast material via endoscope to obtain x-ray images of the pancreas and bile ducts

11. reduction of stomach size and gastrojejunostomy _____
12. insertion of an endoscope and use of ultrasound imaging to visualize the organs of the
gastrointestinal tract _____
13. percutaneous removal of liver tissue followed by microscopic examination

14. visual examination (endoscopic) of abdominal viscera through small abdominal incisions

15. new opening of the stomach to the outside of the body for feeding _____
16. radioactive imaging of the liver, gallbladder, and intestine _____

- H** Give the meanings of the abbreviations in Column I. Then select the letter of the correct description from Column II.

COLUMN I

1. TPN _____
2. PUD _____
3. EGD _____
4. IBD _____
5. BE _____
6. BRBPR _____
7. LFTs _____
8. GERD _____
9. HBV _____
10. CT _____

COLUMN II

- A. Tests such as measurement of ALT, AST, alk phos, and serum bilirubin.
- B. Heartburn is a symptom of this condition.
- C. This general condition includes Crohn disease and ulcerative colitis.
- D. *H. pylori* causes this condition.
- E. Intravenous injection of nutrition.
- F. This is a lower gastrointestinal series.
- G. X-ray procedure that produces a series of cross-sectional images.
- H. This infectious agent causes chronic inflammation of the liver.
- I. Hematochezia describes this gastrointestinal symptom.
- J. Endoscopic visualization of the upper gastrointestinal tract.

- I** Give the suffixes for the following terms.

- | | |
|------------------------------------|-----------------------------------|
| 1. bursting forth (of blood) _____ | 10. eating, swallowing _____ |
| 2. flow, discharge _____ | 11. hardening _____ |
| 3. suture _____ | 12. stopping, controlling _____ |
| 4. dilation _____ | 13. surgical repair _____ |
| 5. narrowing (stricture) _____ | 14. opening _____ |
| 6. vomiting _____ | 15. surgical puncture _____ |
| 7. spitting _____ | 16. involuntary contraction _____ |
| 8. excision _____ | 17. new opening _____ |
| 9. digestion _____ | 18. incision _____ |

J Circle the correct term in parentheses to complete each sentence.

1. When Mrs. Smith began to have diarrhea and crampy abdominal pain, she consulted a (**urologist, nephrologist, gastroenterologist**) and worried that the cause of her symptoms might be (**inflammatory bowel disease, esophageal varices, achalasia**).
2. After taking a careful history and performing a thorough physical examination, Dr. Blakemore diagnosed Mr. Bean, a long-time drinker, with (**hemorrhoids, pancreatitis, appendicitis**). Mr. Bean had complained of sharp midepigastlic pain and a change in bowel habits.
3. Many pregnant women cannot lie flat after eating without experiencing a burning sensation in their chest and throat. The usual cause of this symptom is (**volvulus, dysentery, gastroesophageal reflux**).
4. Mr. and Mrs. Cho brought their young infant son to the clinic after he had several bouts of projectile vomiting. The pediatric surgeon suspected a diagnosis of (**inguinal hernia, pyloric stenosis, ascites**).
5. Boris had terrible problems with his teeth. He needed not only a periodontist for his (**aphthous stomatitis, oral leukoplakia, gingivitis**) but also an (**endodontist, oral surgeon, orthodontist**) to straighten his teeth.
6. After 6 weeks of radiation therapy to her throat, Betty experienced severe esophageal irritation and inflammation. She complained to her doctor about her resulting (**dyspepsia, dysphagia, hematemesis**).
7. Steven, age 7 years, is brought to the clinic because of recurrent abdominal pain, occasional constipation and diarrhea, and weight loss. His pediatrician's diagnosis is (**lipase deficiency, dysentery, celiac disease**) and recommends a (**fat, gluten, sugar**)-free diet.
8. Chris had been a heavy alcohol drinker all of his adult life. His wife noticed worsening yellow discoloration of the whites of his eyes and skin. After a physical examination and blood tests, his family physician told him his (**colon, skin, liver**) was diseased. The yellow discoloration was (**jaundice, melena, flatus**), and his condition was (**cheilosis, cirrhosis, steatorrhea**).
9. When Carol was working as a phlebotomist, she accidentally cut her finger while drawing a patient's blood. Unfortunately the patient had (**pancreatitis, hemoptysis, hepatitis**), and HBV was transmitted to Carol. Blood tests and (**liver biopsy, gastrointestinal endoscopy, stool culture**) confirmed Carol's unfortunate diagnosis. Her doctor told her that her condition was chronic and that she might be a candidate for a (**bone marrow, liver, kidney**) transplant procedure in the future.
10. Operation Smile is a rescue project that performs (**herniorrhaphy, oral gingivectomy, palatoplasty**) on children with a congenital cleft in the roof of the mouth.

ANSWERS TO EXERCISES

A

- | | | |
|--|------------------------------------|--|
| 1. digestion | 6. bursting forth of blood | 11. to stop; control |
| 2. spitting (from the respiratory tract) | 7. suture | 12. sudden, involuntary contraction of muscles |
| 3. vomiting | 8. surgical repair | 13. opening |
| 4. eating, swallowing | 9. dilation (dilatation), widening | |
| 5. flow, discharge | 10. narrowing, tightening | |

B

- | | | |
|--------------------|---------------------|--------------------|
| 1. cholestasis | 5. hematemesis | 9. pylorospasm |
| 2. herniorrhaphy | 6. palatoplasty | 10. hemorrhage |
| 3. cholangiectasia | 7. pyloric stenosis | 11. choledochotomy |
| 4. hemoptysis | 8. gastrorrhagia | |

C

- | | | |
|--|---|---|
| 1. difficulty in swallowing | 6. stoppage of flow of bile | 9. bursting forth of blood (hemorrhage) from the spleen |
| 2. excessive (much) eating | 7. esophagus is not open (closed off) at birth (congenital anomaly) | 10. visual (endoscopic) examination of the rectum and sigmoid colon |
| 3. difficult digestion | 8. surgical repair of the pyloric sphincter | 11. bursting forth of blood |
| 4. biliary ducts are not open (congenital anomaly) | | 12. inflammation of bile duct (vessel) |
| 5. discharge of pus from the gums | | |

D

- | | | |
|--------------------|--------------------------|-------------------------------------|
| 1. cholecystectomy | 5. abdominoplasty | 9. gingivectomy |
| 2. colectomy | 6. sphincterotomy | 10. cholecystojejunostomy |
| 3. herniorrhaphy | 7. pancreatoduodenectomy | 11. paracentesis (abdominocentesis) |
| 4. cecostomy | 8. ileostomy | 12. palatoplasty |

E

- | | | |
|-------------------|-----------------|--------------------|
| 1. steatorrhea | 5. labiodental | 9. cholecystectomy |
| 2. dysphagia | 6. hematemesis | 10. choledochal |
| 3. cholelithiasis | 7. hepatomegaly | 11. gastrorrhagia |
| 4. buccal | 8. sublingual | |

F

- | | | |
|--|--|---|
| 1. twisted intestine in the area of the cecum | dietary glutens, such as wheat, barley, and rye. | 7. storage form of sugar |
| 2. inflammation of the mouth with small ulcers | 4. enzyme to digest fat | 8. removal of part or all of the tongue |
| 3. autoimmune disorder in which villi in the lining of the small intestine are damaged, resulting from | 5. abnormal condition of lips | 9. removal of a salivary gland |
| | 6. the part of the throat near the mouth | 10. membrane surrounding a tooth |
| | | 11. dilation of the common bile duct |
| | | 12. malignant tumor of bile vessels |

G

- | | | |
|---|---|--|
| 1. serum bilirubin | 8. nasogastric intubation | 13. liver biopsy |
| 2. stool culture | 9. CT scan of the abdomen | 14. laparoscopy (form of minimally invasive surgery) |
| 3. barium enema | 10. endoscopic retrograde cholangiopancreatography (ERCP) | 15. gastrostomy (G tube) |
| 4. abdominal ultrasonography | 11. gastric bypass (bariatric surgery) | 16. HIDA scan |
| 5. stool guaiac (Hemoccult) | 12. endoscopic ultrasonography (EUS) | |
| 6. small bowel follow-through | | |
| 7. percutaneous transhepatic cholangiography (PTHC) | | |

H

- | | | |
|----------------------------------|-----------------------------------|---------------------------------------|
| 1. total parenteral nutrition: E | 5. barium enema: F | 8. gastroesophageal reflux disease: B |
| 2. peptic ulcer disease: D | 6. bright red blood per rectum: I | 9. hepatitis B virus: H |
| 3. esophagoduodenoscopy: J | 7. liver function tests: A | 10. computed tomography: G |
| 4. inflammatory bowel disease: C | | |

I

- | | | |
|-----------------------|----------------|---------------|
| 1. -rrhagia, -rrhage | 7. -ptysis | 13. -plasty |
| 2. -rrhea | 8. -ectomy | 14. -tresia |
| 3. -rrhaphy | 9. -pepsia | 15. -centesis |
| 4. -ectasis, -ectasia | 10. -phagia | 16. -spasm |
| 5. -stenosis | 11. -sclerosis | 17. -stomy |
| 6. -emesis | 12. -stasis | 18. -tomy |

J

- | | | |
|---|-----------------------------|-----------------------------------|
| 1. gastroenterologist; inflammatory bowel disease | 4. pyloric stenosis | 8. liver; jaundice; cirrhosis |
| 2. pancreatitis | 5. gingivitis; orthodontist | 9. hepatitis; liver biopsy; liver |
| 3. gastroesophageal reflux | 6. dysphagia | 10. palatoplasty |
| | 7. celiac disease; gluten | |

Answers to Practical Applications
Case Report: Pancreatic Cancer and Whipple Procedure

1. c
2. b
3. d
4. b



PRONUNCIATION OF TERMS

To test your understanding of the terminology in this chapter, write the meaning of each term in the space provided. In addition, you may wish to cover the terms and write them by looking at your definitions. Make sure your spelling is correct. The page number after each term indicates where it is defined in the text, so you can easily check your responses. You will find complete definitions for all of these terms and their audio pronunciations on the Evolve website.

Pronunciation Guide

ā as in āpe	ă as in ăpple
ē as in ēven	ě as in ěvery
ī as in īce	ĩ as in ĩnterest
ō as in ōpen	ő as in pőt
ū as in ūnit	ű as in űnder

TERM	PRONUNCIATION	MEANING
abdominal ultrasonography (196)	ăb-DŌM-ĭn-ăl ŭl-tră-sŏ-NŌG-ră-fē	_____
abdominoplasty (188)	ăb-DŌM-ĭn-ŏ-plăs-tē	_____
amylase and lipase tests (193)	ă-mĭ-LĀS and LĪ-pās tests	_____
aphthous stomatitis (192)	ĂF-thŭs stŏ-mă-TĪ-tis	_____
atresia (190)	ă-TRĒ-zē-ă	_____
bariatric surgery (197)	bă-rē-Ă-trĭk SŪR-gēr-ē	_____
biliary atresia (190)	BĪL-ē-ăr-ē ă-TRĒ-zē-ă	_____
bronchospasm (189)	BRŌN-kŏ-spăsm	_____
buccal (191)	BŪK-ăl	_____
cecal volvulus (191)	SĒ-kăl VŌL-vŭ-lŭs	_____
celiac disease (191)	SĒ-lē-ăk dĭ-ZĒZ	_____
cheilosis (191)	kĭ-LŌ-sĭs	_____
cholangiectasis (188)	kŏ-lăn-jē-ĚK-tă-sĭs	_____
cholangiocarcinoma (191)	kŏ-lăn-jē-ŏ-kăr-sĭ-NŌ-mă	_____
cholangitis (191)	kŏl-ăn-JĪ-tis	_____
cholangiography (194)	kŏl-ăn-jē-ŌG-ră-fē	_____
cholangiopancreatography (194)	kŏl-ăn-jē-ŏ-păn-krē-ă-TŌG-ră-fē	_____
cholecystectomy (191)	kŏ-lē-sĭs-TĚK-tŏ-mē	_____
cholecystojejunostomy (192)	kŏ-lē-sĭs-tŏ-jē-jŭ-NŌS-tŏ-mē	_____
cholecystolithiasis (192)	kŏ-lē-sĭs-tŏ-lĭ-THĪ-ă-sĭs	_____
choledochal (191)	kŏ-lē-DŌK-ăl	_____
choledochectasia (191)	kŏ-lē-dŏ-kĕk-TĂ-zē-ă	_____

TERM	PRONUNCIATION	MEANING
cholelithiasis (191)	kō-lē-lī-THĪ-ă-sīs	_____
cholestasis (189)	kō-lē-STĀ-sīs	_____
colectomy (191)	kō-LĚK-tō-mē	_____
colonoscopy (191)	kō-lōn-ŌS-kō-pē	_____
computed tomography (195)	kōm-PŪ-tēd tō-MŌG-ră-FĚ	_____
dentalgia (191)	dēn-TĀL-jă	_____
diarrhea (189)	dī-ă-RĚ-ă	_____
duodenal (191)	dōo-ō-DĚ-năl	_____
dyspepsia (188)	dīs-PĚP-sē-ă	_____
dysphagia (188)	dīs-FĀ-jē-ă	_____
endoscopic ultrasonography (196)	ēn-dō-SKŎP-ik ul-tră-sō-NŌG-ră-fē	_____
esophageal atresia (190)	ě-sŏf-ă-JĚ-ăl ā-TRĚ-zē-ă	_____
gastric bypass (197)	GĀS-trik BĪ-păs	_____
gastroenteritis (191)	gās-trō-ēn-tě-RĪ-tis	_____
gastrointestinal endoscopy (197)	gās-trō-in-TĚS-tin-ăl ēn-DŌS-kō-pē	_____
gastrojejunostomy (191)	gās-trō-jě-jōo-NŌS-tō-mē	_____
gastrorrhagia (189)	gās-trō-RĀ-jă	_____
gastrostomy (191)	gās-TRŌS-tō-mē	_____
gingivectomy (192)	gĭn-gĭ-VĚK-tō-mē	_____
glossectomy (192)	glōs-ĚK-tō-mē	_____
gluconeogenesis (192)	glū-kō-nē-ō-JĚN-ě-sīs	_____
glycogen (192)	GLĪ-kō-jēn	_____
hematemesis (188)	hē-mă-TĚM-ě-sīs	_____
hemoptysis (189)	hē-MŎP-tĭ-sīs	_____
hemorrhage (189)	HĚM-ŏr-ij	_____
hepatomegaly (192)	hēp-ă-tō-MĚG-ă-lē	_____
herniorrhaphy (189)	hēr-nē-ŎR-ă-fē	_____
HIDA scan (197)	HĪ-dă scăn	_____
ileostomy (192)	il-ē-ŌS-tō-mē	_____

TERM	PRONUNCIATION	MEANING
labiodental (192)	lā-bē-ō-DĚN-tāl	_____
laparoscopy (197)	lā-pār-ÖS-kō-pē	_____
lipase (192)	LĪ-pās	_____
liver biopsy (197)	Lĭ-věr BĪ-öp-sē	_____
liver function tests (193)	Lĭ-věr FÜNG-shŭn tests	_____
lower gastrointestinal series (194)	LÖW-ër gās-trō-în-TĚS-tĭ-nāl SĚR-ēz	_____
magnetic resonance imaging (196)	măg-NĚT-ĭk RĚ-zō-nāns ĪM-ă-gĭng	_____
nasogastric intubation (197)	nā-zō-GĀS-trĭk ĭn-tōō-BĀ-shŭn	_____
oropharynx (192)	ör-ō-FĀR-ĭnks	_____
palatoplasty (192)	PĀL-ă-tō-plās-tē	_____
pancreatic (192)	pān-krē-ĀH-tĭk	_____
pancreatoduodenectomy (192)	pān-krē-ăh-tō-dōō-ō-dē- NĚK-tō-mē	_____
paracentesis (197)	pār-ă-sĕn-TĒ-sĭs	_____
periodontal membrane (192)	pĕr-ē-ō-DÖN-tāl MĚM-brān	_____
polyphagia (188)	pöl-ē-FĀ-jē-ă	_____
proctosigmoidoscopy (192)	prök-tō-sĭg-moyd-ÖS-kō-pē	_____
pyloric stenosis (189)	pī-LÖR-ĭk stĕ-NÖ-sĭs	_____
pylorospasm (189)	pī-LÖR-ō-spāzm	_____
rectal carcinoma (192)	RĚK-tāl kār-sĭ-NÖ-mă	_____
sialadenectomy (192)	sĭ-ăl-ă-dē-NĚK-tō-mē	_____
splenic flexure (192)	SPLĚN-ĭk FLĚK-shŭr	_____
steatorrhea (192)	stē-ă-tō-RĒ-ă	_____
stool culture (193)	stool KŪL-chŭr	_____
stool guaiac (193)	stool GWĪ-ăk	_____
sublingual (192)	sŭb-LĪNG-wāl	_____
upper gastrointestinal series (194)	ŪP-ër gās-trō-în-TĚS-tĭ-nāl SĚR-ēz	_____



REVIEW SHEET

Write meanings for combining forms and suffixes in the spaces provided. Check your -answers with information in Chapters 5 and 6 or in the Glossary (Medical Word Parts—English) at the end of this book.

Combining Forms

COMBINING FORM	MEANING	COMBINING FORM	MEANING
abdomin/o	_____	gastr/o	_____
amyl/o	_____	gingiv/o	_____
an/o	_____	gloss/o	_____
append/o, appendic/o	_____	gluc/o, glyc/o	_____
bil/i	_____	glycogen/o	_____
bilirubin/o	_____	hem/o, hemat/o	_____
bucc/o	_____	hepat/o	_____
cec/o	_____	herni/o	_____
celi/o	_____	idi/o	_____
cervic/o	_____	ile/o	_____
cheil/o	_____	pancreat/o	_____
chlorhydr/o	_____	peritone/o	_____
chol/e	_____	pharyng/o	_____
cholangi/o	_____	proct/o	_____
cholecyst/o	_____	prote/o	_____
choledoch/o	_____	py/o	_____
cib/o	_____	pylor/o	_____
cirrh/o	_____	rect/o	_____
col/o, colon/o	_____	sialaden/o	_____
dent/i	_____	splen/o	_____
duoden/o	_____	steat/o	_____
enter/o	_____	stomat/o	_____
esophag/o	_____	tonsill/o	_____
eti/o	_____		

Suffixes

SUFFIX	MEANING	SUFFIX	MEANING
-ase	_____	-orexia	_____
-centesis	_____	-rrhage	_____
-chezia	_____	-rrhagia	_____
-ectasia	_____	-rrhaphy	_____
-ectasis	_____	-rrhea	_____
-ectomy	_____	-scopy	_____
-emesis	_____	-spasm	_____
-emia	_____	-stasis	_____
-genesis	_____	-stenosis	_____
-graphy	_____	-stomy	_____
-iasis	_____	-tomy	_____
-megaly	_____	-tresia	_____



CHAPTER 7

Urinary System

This chapter is divided into the following sections:

Introduction, 216

Anatomy of the Major Organs, 216

Physiology: How the Kidneys Produce Urine, 218

Vocabulary, 221

Terminology: Structures, Substances, and Urinary Signs and Symptoms, 223

Urinalysis, 228

Pathologic Terminology: Kidney, Bladder, and Associated Conditions, 229

Laboratory Tests and Clinical Procedures, 232

Abbreviations, 237

Practical Applications, 238

In Person: Kidney Transplantation, 240

Exercises, 241

Answers to Exercises, 247

Pronunciation of Terms, 249

Review Sheet, 253

CHAPTER GOALS

- Name essential organs of the urinary system and describe their locations and functions.
- Identify common pathologic conditions affecting the urinary system.
- Recognize how urinalysis is used and interpreted as a diagnostic test.
- Define urinary system–related combining forms, prefixes, and suffixes.
- List and explain laboratory tests, clinical procedures, and abbreviations that pertain to the urinary system.
- Understand medical terms in their proper contexts, such as medical reports and records.

INTRODUCTION

When foods containing proteins are used by cells in the body, nitrogenous waste products (**urea**, **creatinine**, and **uric acid**) are released into the bloodstream. The urinary system removes these nitrogenous wastes from the blood so that they do not accumulate and become harmful. As blood passes through the kidneys, the kidneys filter nitrogenous wastes to form **urine** (composed of water, salts, and acids). Urine leaves the body through the ureters, urinary bladder, and urethra. Every day, the kidneys process about 200 quarts of blood to filter out 2 quarts of urine.

Besides removing urea and other nitrogenous wastes from the blood, the kidneys maintain the proper balance of water, electrolytes, and acids in body fluids. **Electrolytes** such as **sodium** (Na^+) and **potassium** (K^+) are small molecules that conduct an electrical charge. Electrolytes are necessary for proper functioning of muscle and nerve cells. The kidney adjusts the amounts of water and electrolytes by secreting some substances into the urine and holding back others in the bloodstream for use in the body.

In addition to forming and excreting (eliminating) urine from the body, the kidneys secrete hormones such as **renin** (RĒ-nĭn) and **erythropoietin** (ĕ-rĭth-rō-PŌY-ĕ-tĭn). **Renin** raises blood pressure (to keep blood moving through the kidney). **Erythropoietin (EPO)** is a hormone that stimulates red blood cell production in the bone marrow.

The kidneys also secrete **calciferol**, an active form of vitamin D, necessary for the absorption of calcium from the intestine. In addition, the kidneys degrade and eliminate hormones such as insulin and parathyroid hormone from the bloodstream. Box 7-1 reviews the functions of the kidneys.

ANATOMY OF THE MAJOR ORGANS

The following paragraphs describe the organs of the urinary system. Label Figure 7-1 as you identify each organ.

The **kidney** [1] is one of two bean-shaped organs behind the abdominal cavity (retroperitoneal) on either side of the spine in the lumbar region. A cushion of adipose (fatty) tissue and fibrous connective tissue surrounds each kidney for protection. Each kidney (about the size of a fist) weighs about 4 to 6 ounces.

The kidneys consist of an outer **cortex** region (cortex means bark, as the bark of a tree) and an inner **medulla** region (medulla means marrow). The **hilum** is a depression on the medial border of the kidney. Blood vessels and nerves pass through the hilum.

The **ureter** [2] is one of two muscular tubes (16 to 18 inches long) lined with mucous membrane. Ureters carry urine in peristaltic waves from the kidneys to the urinary bladder.

The **urinary bladder** [3], a hollow, muscular sac, is a temporary reservoir for urine. The **trigone** is a triangular region at the base of the bladder where the ureters enter and the urethra exits.

BOX 7-1 FUNCTIONS OF THE KIDNEYS

- **Remove nitrogenous wastes:** urea, creatinine, uric acid
- **Balance water and electrolytes** (sodium, potassium)
- **Release hormones:** renin, erythropoietin, calciferol
- **Degrade and eliminate hormones** from bloodstream

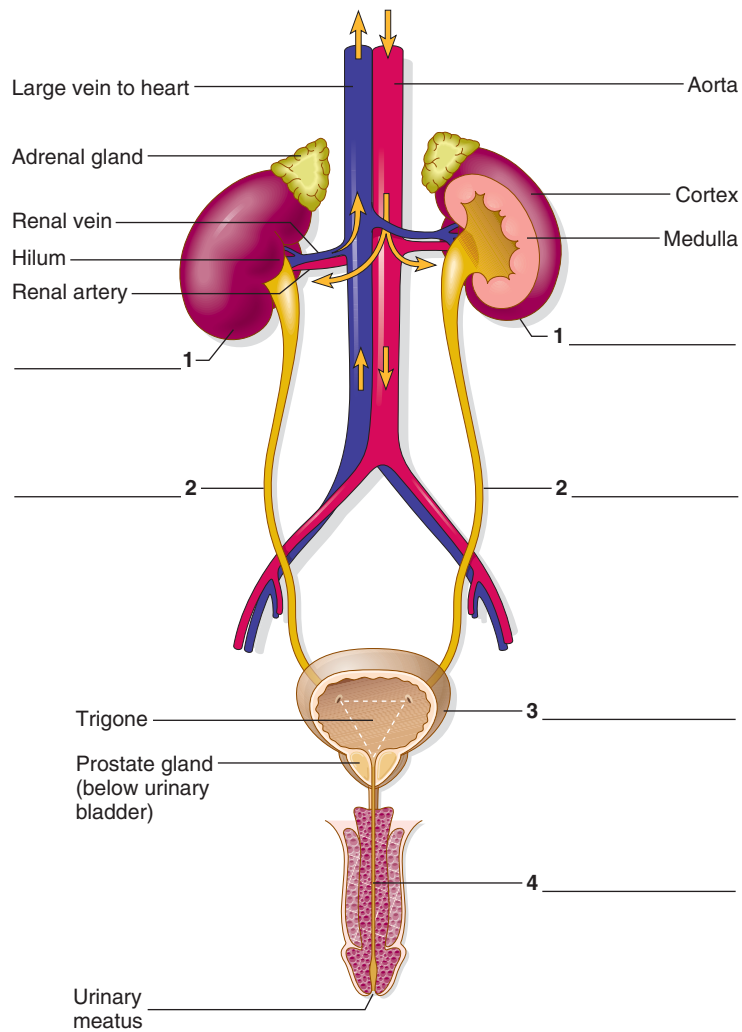


FIGURE 7-1 Male urinary system.

The **urethra** [4] is a tube that carries urine from the urinary bladder to the outside of the body. The process of expelling urine through the urethra is called **urination** or **voiding**. The external opening of the urethra is the **urinary meatus**. The female urethra, about 1½ inches long, lies anterior to the vagina and vaginal meatus. The male urethra, about 8 inches long, extends downward through the prostate gland to the urinary meatus at the tip of the penis. Figure 7-2 illustrates the female urinary system. Compare it with Figure 7-1, which shows the male urinary system.

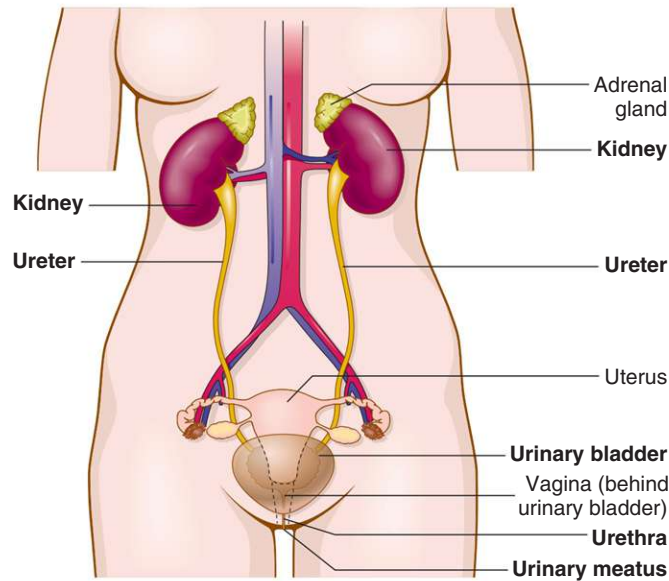


FIGURE 7-2 Female urinary system.

PHYSIOLOGY: HOW THE KIDNEYS PRODUCE URINE

Blood enters each kidney from the aorta by way of the right and left **renal arteries**. After the renal artery enters the kidney (at the hilum), it branches into smaller and smaller arteries. The smallest arteries are called **arterioles** (Figure 7-3A).

Because the arterioles are small, blood passes through them slowly but constantly. Blood flow through the kidney is so essential that the kidneys have their own special device for maintaining blood flow. If blood pressure falls in the vessels of the kidney, so that blood flow diminishes, the kidney produces **renin** and discharges it into the blood. Renin promotes the formation of a substance that stimulates the contraction of arterioles. This increases blood pressure and restores blood flow in the kidneys to normal.

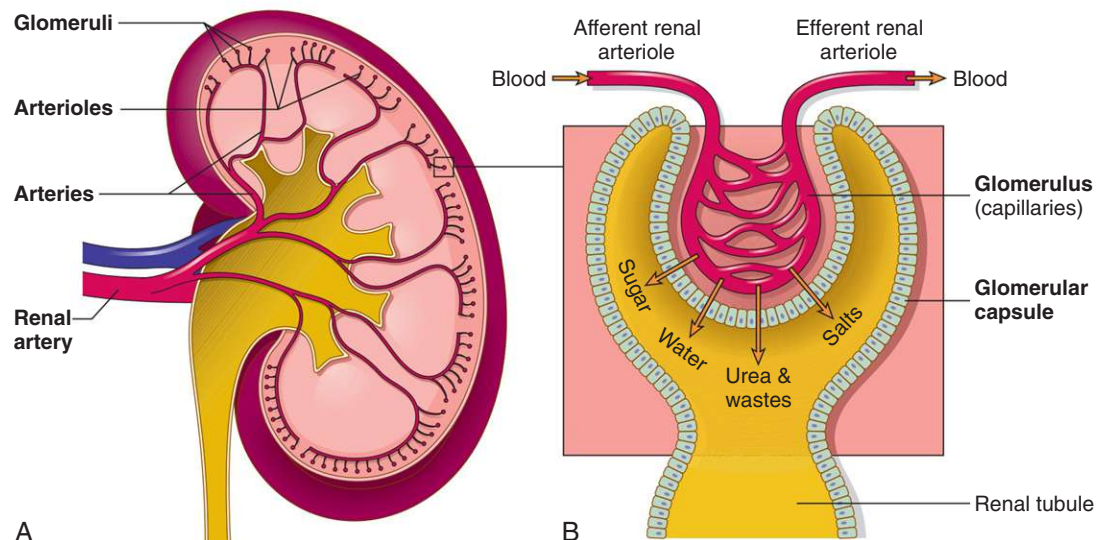


FIGURE 7-3 A, Renal artery branching to form smaller arteries and arterioles, and glomeruli. B, Glomerulus and glomerular capsule. Afferent arteriole carries blood toward (in this term, af- is a form of ad-) the glomerulus. Efferent arteriole carries blood away (ef- is a form of ex-) from the glomerulus.

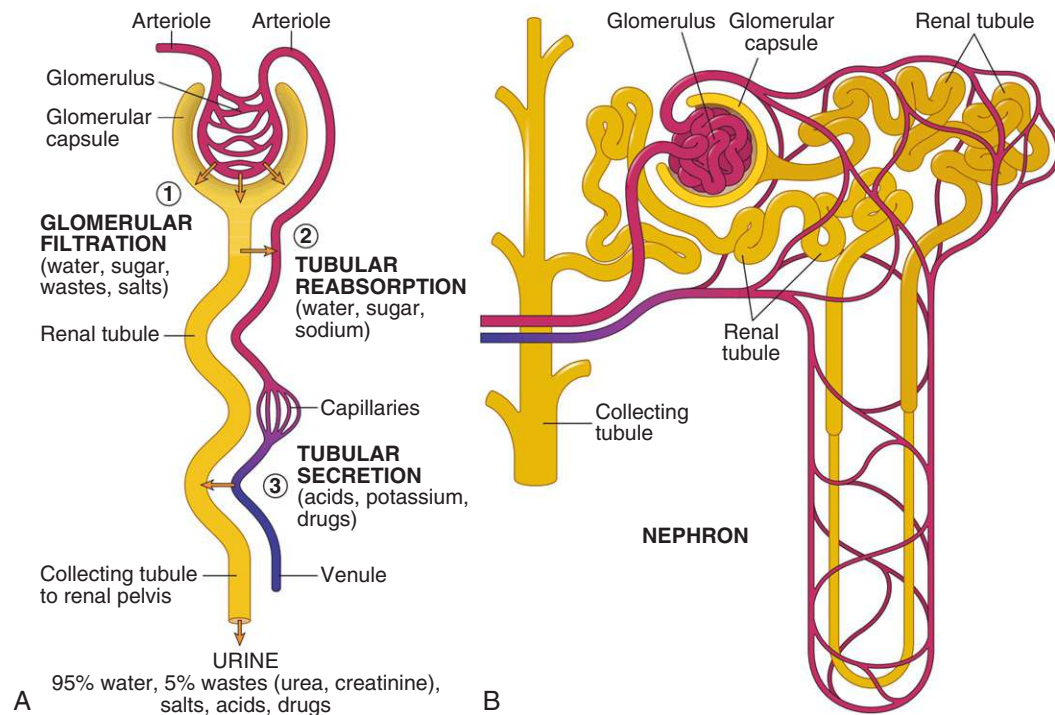


FIGURE 7-4 A, Three steps in the formation of urine: (1) **Glomerular filtration** of water, sugar, wastes (urea and creatinine), and sodium. (2) **Tubular reabsorption** of water, sugar, and sodium. (3) **Tubular secretion** of acids, potassium, and drugs. B, **Nephron**.

Each arteriole in the cortex of the kidney leads into a mass of very tiny, coiled, and intertwined smaller blood vessels called **glomeruli** (see Figure 7-3A). Each **glomerulus** (singular) is a collection of tiny capillaries formed in the shape of a small ball. There are about 1 million glomeruli in the cortex region of each kidney.

The kidneys produce urine by **filtration**. As blood passes through the many glomeruli, the thin walls of each glomerulus (the filter) permit water, salts, sugar, and **urea** (with other nitrogenous wastes such as **creatinine** and **uric acid**) to leave the bloodstream. These materials collect in a tiny, cup-like structure, a **glomerular (Bowman) capsule**, that surrounds each glomerulus (Figure 7-3B). The walls of the glomeruli prevent large substances, such as proteins and blood cells, from filtering into the capsule. These substances remain in the blood and normally do not appear in urine.

Attached to each glomerular capsule is a long, twisted tube called a **renal tubule** (see Figures 7-3B and 7-4). As water, sugar, salts, urea, and other wastes pass through the renal tubule, most of the water, all of the sugar, and almost all of the sodium return to the bloodstream through tiny capillaries surrounding each tubule. This active process of **reabsorption** ensures that the body retains essential substances such as sugar (glucose), water, and sodium. The final process in the formation of urine is **secretion** of some substances from the bloodstream into the renal tubule. These waste products of metabolism become toxic if allowed to accumulate in the body. Thus, acids, drugs (such as penicillin), and potassium (as a salt) leave the body in urine.

Only wastes, water, salts, acids, and some drugs (often as metabolites—partially broken-down forms of the original drug) remain in the renal tubule. Each renal tubule, now containing urine (95% water and 5% urea, creatinine, salts, acids, and drugs), ends in a larger collecting tubule. See Figure 7-4A, which reviews the steps involved in urine formation. The combination of a glomerulus and a renal tubule forms a unit called a **nephron** (Figure 7-4B). Each kidney contains about 1 million nephrons.

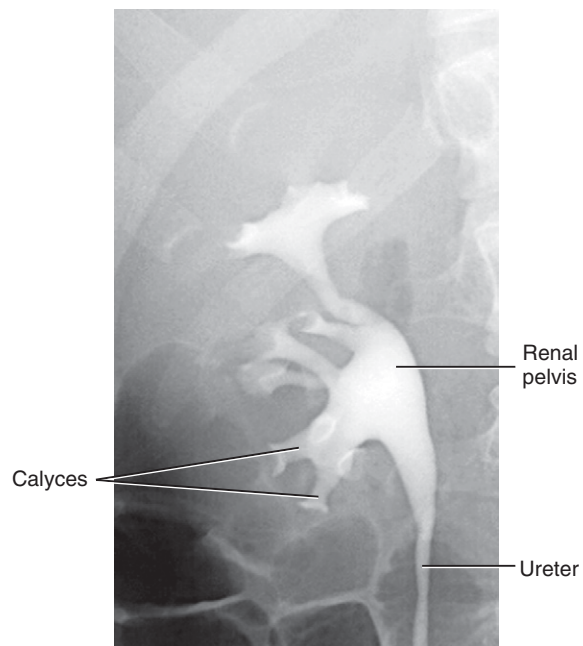


FIGURE 7-5 Renal pelvis, calyces, and ureter as seen on CT urogram (intravenous dye was used).

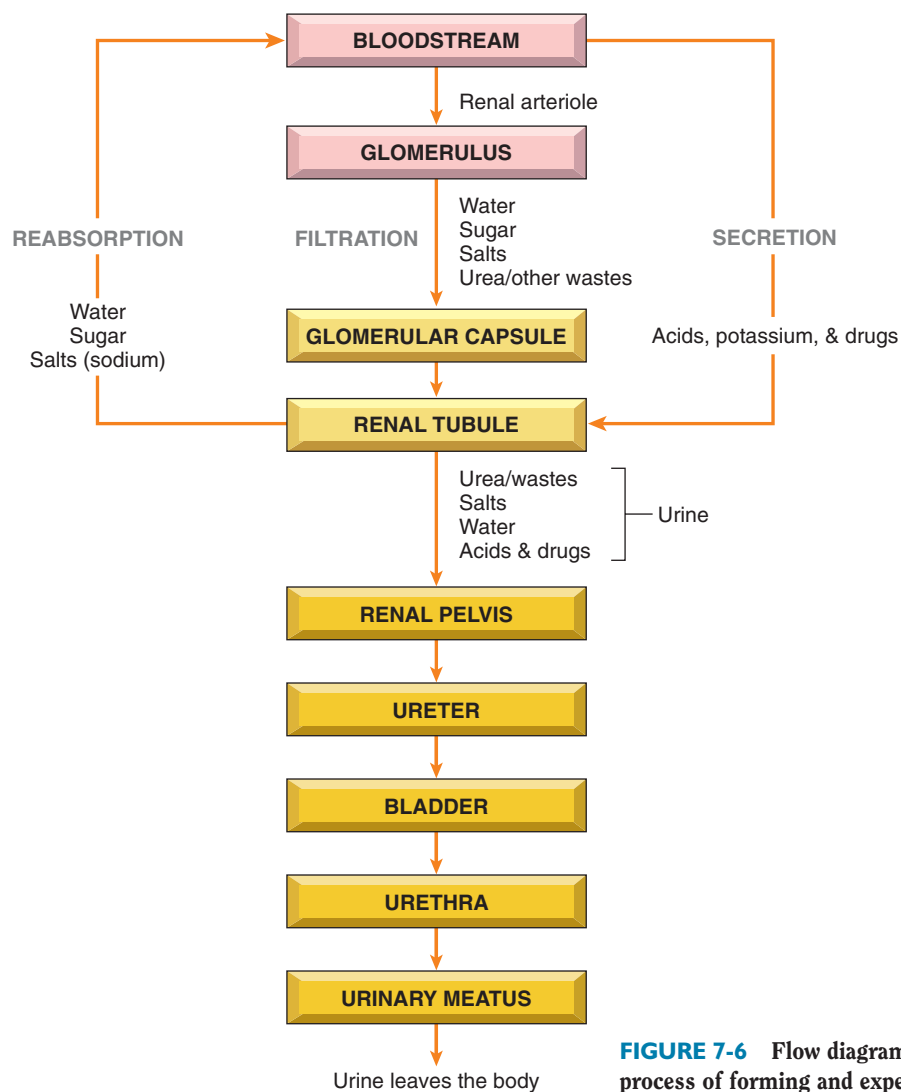


FIGURE 7-6 Flow diagram illustrating the process of forming and expelling urine.


All collecting tubules lead to the **renal pelvis**, a basin-like area in the central part of the kidney. Small, cup-like regions of the renal pelvis are called **calyces** or **calices** (singular: **calyx** or **calix**). Figure 7-5 is an x-ray image of a kidney showing the renal pelvis, calyces, and ureter.

The renal pelvis narrows into the **ureter**, which carries the urine to the **urinary bladder**. The bladder, a muscular sac, temporarily stores urine. Sphincter muscles control the exit area of the bladder to the **urethra**. As the bladder fills and pressure increases at the base of the bladder, an individual notices a need to urinate and voluntarily relaxes sphincter muscles.

Study the flow diagram in Figure 7-6 to trace the process of forming urine and expelling it from the body.



VOCABULARY

arteriole	Small artery.
calciferol	Active form of Vitamin D, secreted by the kidney.
calyx or calix (<i>plural: calyces or calices</i>)	Cup-like collecting region of the renal pelvis. The term comes from Greek, <i>kalux</i> meaning a cup or case surrounding a flower bud.
catheter	Tube for injecting or removing fluids.
cortex	Outer region of an organ; the renal cortex is the outer region of the kidney (cortical means pertaining to the cortex).
creatinine	Nitrogenous waste excreted in urine. Creatinine clearance is a measure of the efficiency of the kidneys in removing (clearing) creatinine from the blood.
electrolyte	Chemical element that carries an electrical charge when dissolved in water. Electrolytes are necessary for functioning of muscles and nerves. The kidneys maintain the proper balance of electrolytes and water in the blood. Potassium (K ⁺) and sodium (Na ⁺) are electrolytes.
erythropoietin (EPO)	Hormone secreted by the kidney to stimulate the production of red blood cells by bone marrow. –Poietin means a substance that forms.
filtration	Process whereby some substances, but not all, pass through a filter. 
glomerular capsule	Enclosing structure surrounding each glomerulus. The glomerular capsule is also known as Bowman's capsule and it collects the material that is filtered from the blood through the walls of the glomerulus.
glomerulus (<i>plural: glomeruli</i>)	Tiny ball of capillaries (microscopic blood vessels) in the kidney.
hilum	Depression in an organ where blood vessels and nerves enter and leave. Hilum comes from the Latin meaning a small thing. It is also used in the respiratory system to mark the depression in the lung where blood vessels, bronchus, and lymphatic vessels enter and leave.



Filtration of blood through the kidney.

This process is maintained by output from the heart (25% of cardiac output goes to the kidneys) and adequate blood pressure to force blood through the glomerulus (filter). About 200 quarts (189L) of fluid are filtered daily but 98% to 99% of water and salts are returned to the blood. Only about 2 quarts (1500 mL) of urine are excreted daily.

kidney	One of two bean-shaped organs on either side of the backbone in the lumbar region; it filters nitrogenous wastes from the bloodstream to form urine.
meatus	Opening or canal.
medulla	Inner region of an organ. The renal medulla is the inner region of the kidney. The term comes from the Latin <i>medulla</i> , meaning marrow (inner part). The medullary cavity in long bones is the innermost part containing red and yellow marrow.
nephron	Combination of glomerulus and renal tubule where filtration, reabsorption, and secretion take place in the kidney. It is the functional unit of the kidney, each capable of forming urine by itself. There are about 1 million nephrons in a kidney.
nitrogenous waste	Substance containing nitrogen and excreted in urine. Examples of nitrogenous wastes are urea, uric acid, and creatinine.
potassium (K^+)	Electrolyte regulated by the kidney so that a proper concentration is maintained within the blood. Potassium is essential for allowing muscle contraction and conduction of nervous impulses.
reabsorption	Process whereby renal tubules return materials necessary to the body back into the bloodstream.
renal artery	Blood vessel that carries blood to the kidney.
renal pelvis	Central collecting region in the kidney.
renal tubule	Microscopic tube in the kidney where urine is formed after filtration.
renal vein	Blood vessel that carries blood away from the kidney and toward the heart.
renin	Hormone secreted by the kidney; it raises blood pressure by influencing vasoconstriction (narrowing of blood vessels).
sodium (Na^+)	Electrolyte regulated in the blood and urine by the kidneys; needed for proper transmission of nerve impulses, heart activity, and other metabolic functions. A common form of sodium is sodium chloride (table salt).
trigone	Triangular area in the urinary bladder.
urea	Major nitrogenous waste excreted in urine.
ureter	One of the two tubes leading from the kidneys to the urinary bladder.
urethra	Tube leading from the urinary bladder to the outside of the body.
uric acid	Nitrogenous waste excreted in the urine.
urinary bladder	Hollow, muscular sac that holds and stores urine.
urination (voiding)	Process of expelling urine; also called micturition.



TERMINOLOGY: STRUCTURES, SUBSTANCES, AND URINARY SIGNS AND SYMPTOMS

Write the meanings of the medical terms in the spaces provided.

STRUCTURES

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
cali/o, calic/o	calyx (calix); cup-shaped	<u>cali</u> ectasis _____ <u>calice</u> al _____	
cyst/o	urinary bladder	<u>cyst</u> itis _____ <i>Bacterial infections often cause acute or chronic cystitis. In acute cystitis, the bladder contains blood as a result of mucosal hemorrhage (Figure 7-7).</i> <u>cyst</u> ectomy _____ <u>cyst</u> ostomy _____ <i>An opening is made into the urinary bladder from the outside of the body. A catheter is placed into the bladder for drainage.</i>	
glomerul/o	glomerulus	<u>glomerul</u> ar capsule _____	
meat/o	meatus	<u>meat</u> al stenosis _____	

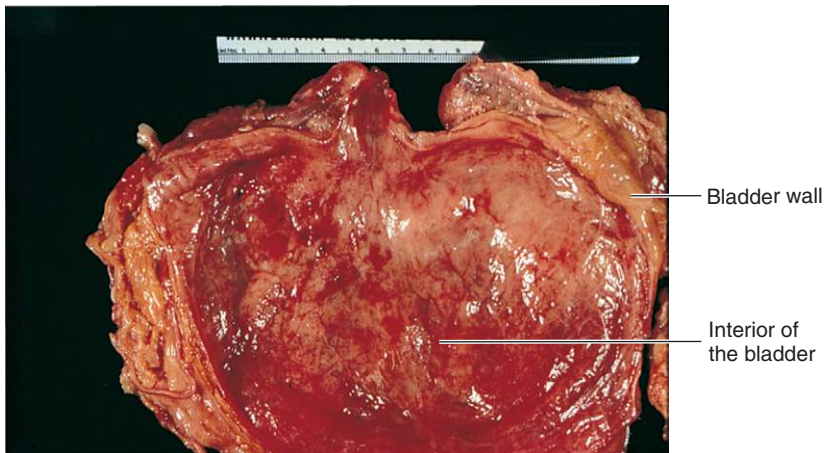


FIGURE 7-7 **Acute cystitis.** Notice that the mucosa of the bladder is red and swollen. Bladder and urinary tract infections are more common in women because of the shorter urethra, which allows easier bacterial colonization of the urinary bladder. They usually occur without a known cause but may be acquired during sexual intercourse (“honeymoon cystitis”) or after surgical procedures and urinary catheterization.

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
nephr/o	kidney	paranephric _____	
		nephropathy _____ (ně-FRŌ-pă-thē)	
		nephroptosis _____ Downward displacement or dropping of a kidney when its anatomic supports are weakened. Nephropexy (-pexy means fixation) is an operation to put a “floating” kidney in place.	
		nephrolithotomy _____ Incision (percutaneous) into the kidney to remove a stone.	
		hydronephrosis _____ Obstruction of urine flow may be caused by renal calculi (Figure 7-8), compression of the ureter by tumor, or hyperplasia of the prostate gland at the base of the bladder in males.	
		nephrostomy _____ Surgical opening to the outside of the body (from the renal pelvis). This is necessary when a ureter becomes obstructed and the obstruction cannot be removed easily. The renal pelvis becomes distended with urine (hydronephrosis), making nephrostomy necessary.	

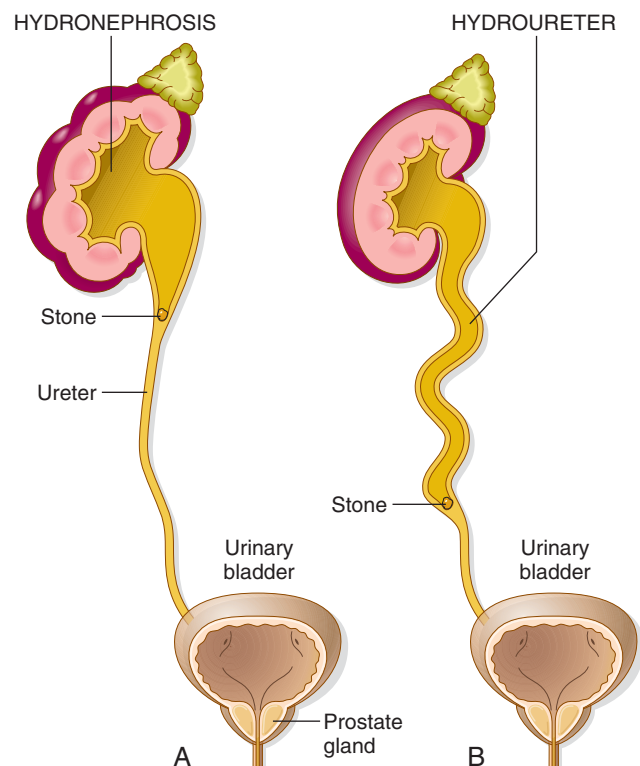


FIGURE 7-8 **A, Hydronephrosis** caused by a stone (obstruction) in the proximal part of a ureter. Notice the buildup of excess fluid in the kidney. **B, Hydroureter** with hydronephrosis caused by a stone in the distal part of the ureter.

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
pyel/o	renal pelvis	<u>pyelolithotomy</u> _____ <i>Removal of a large calculus (stone) contributing to blockage of urine flow and development of infection. The renal pelvis is surgically opened.</i>	
ren/o	kidney	<u>renal ischemia</u> _____ <u>renal colic</u> _____ <i>Colic is intermittent spasms of pain caused by inflammation and distention of an organ. In renal colic, pain results from calculi in the kidney or ureter.</i>	
trigon/o	trigone (region of the bladder)	<u>trigonitis</u> _____	
ureter/o	ureter	<u>ureteroplasty</u> _____ <u>ureteroileostomy</u> _____ <i>After cystectomy, the urologic surgeon forms a pouch from a segment of the ileum, used in place of the bladder to carry urine from the ureters out of the body (Figure 7-9). It is an ileal conduit.</i>	
urethr/o	urethra	<u>urethritis</u> _____ <u>urethroplasty</u> _____ <u>urethral stricture</u> _____ <i>A stricture is an abnormal narrowing of an opening or passageway.</i>	

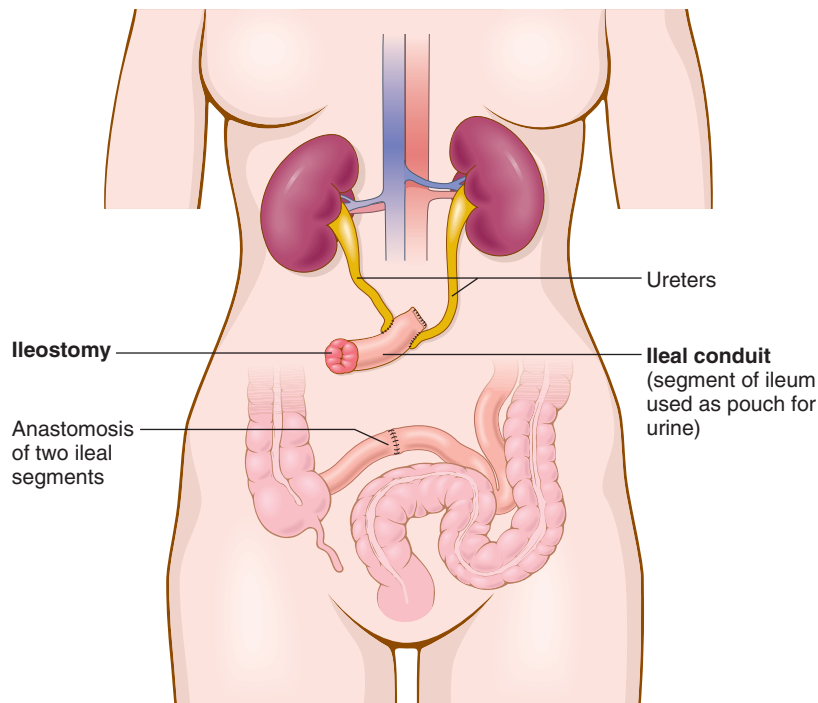



FIGURE 7-9 Ileostomy and ileal conduit after cystectomy.

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
vesic/o	urinary bladder	intravesical _____ <i>Do not confuse the term vesical with the term vesicle, which is a small blister on the skin.</i> vesicoureteral reflux _____	

SUBSTANCES AND URINARY SIGNS AND SYMPTOMS

COMBINING FORM OR SUFFIX	MEANING	TERMINOLOGY	MEANING
albumin/o	albumin (a protein in the blood)	<u>albumin</u> uria _____ <i>The suffix -uria means urine condition. This finding can indicate malfunction of the kidney as protein leaks out of damaged glomeruli. Microalbuminuria is leakage of very small amounts of albumin through the glomeruli.</i>	
azot/o	nitrogen	<u>azot</u> emia _____ <i>This toxic condition is characteristic of uremia. It is indicated by an elevated BUN (blood urea nitrogen) test.</i>	
bacteri/o	bacteria	<u>bacteri</u> uria _____ <i>Usually a sign of urinary tract infection (UTI). The bacteria in the urine are cultured (grown in a special nutrient environment) and then tested with antibiotics to determine which will inhibit growth. This is known as culture and sensitivity testing (C&S).</i>	
dips/o	thirst	poly <u>dips</u> ia _____ <i>Commonly, a sign of diabetes insipidus or diabetes mellitus.</i>	
kal/o	potassium	hyper <u>kal</u> emia _____ <i>Since potassium is normally excreted by the kidneys, it accumulates in blood when the kidneys fail.</i>	
ket/o, keton/o	ketone bodies (ketoacids and acetone)	<u>ket</u> osis _____ <i>Often called ketoacidosis, because acids accumulate in the blood and tissues. The breath of a patient with ketosis has a sweet or “fruity” odor. This is produced by acetone (a ketone body) released from the blood in the lungs and exhaled through the mouth.</i> <u>keton</u> uria _____	
lith/o	stone	nephrol <u>lith</u> iasis _____	
natr/o	sodium	hypon <u>nat</u> remia _____ <i>This condition can occur when water intake is excessive—primary polydipsia, or when athletes drink too much water in high-endurance events.</i>	
noct/o	night	<u>noct</u> uria _____ <i>Frequent, excessive urination at night.</i>	
olig/o	scanty	<u>olig</u> uria _____	

COMBINING FORM OR SUFFIX	MEANING	TERMINOLOGY	MEANING
-poietin	substance that forms	erythropoietin _____	
py/o	pus	pyuria _____	
-tripsy	crushing	lithotripsy _____	
ur/o	urine (urea)	uremia _____ <i>This toxic state results when nitrogenous waste accumulates abnormally in the blood.</i>	
		enuresis  _____ <i>Literally, a condition of being "in urine"; bed-wetting.</i>	
		diuresis _____ <i>Di- (from dia-) means complete. Caffeine and alcohol are well-known diuretics—they induce increased excretion of urine (diuresis).</i>	
		antidiuretic hormone _____ <i>This hormone from the pituitary gland normally acts on the renal tubules to promote water reabsorption. It is also called vasopressin and is abbreviated ADH.</i>	
urin/o	urine	urinary incontinence _____ <i>Incontinence literally means not (in-) able to hold (tin) together (con-). This is loss of control of the passage of urine from the bladder. Stress incontinence occurs with strain on the bladder opening during coughing or sneezing. Urgency incontinence occurs with the inability to hold back urination when feeling the urge to void.</i>	
		urinary retention _____ <i>This symptom results when the outflow of urine from the bladder is blocked.</i>	
-uria	urination; urine condition	dysuria _____	
		anuria _____ <i>Commonly caused by renal failure or urinary tract obstruction.</i>	
		hematuria _____ <i>Microhematuria is hematuria that is visible only under a microscope, as opposed to gross hematuria, which can be seen with the naked eye.</i>	
		glycosuria _____ <i>A sign of diabetes mellitus.</i>	
		polyuria _____ <i>A symptom of both diabetes insipidus and diabetes mellitus.</i>	



Enuresis/Nocturia

Enuresis is the *involuntary* discharge of urine or bed-wetting, whereas **nocturia** is *voluntary*, frequent urination at night.



FIGURE 7-10 Dipstick testing and urinalysis.

URINALYSIS

Urinalysis is an examination of urine to determine the presence of abnormal elements that may indicate various pathologic conditions. See Figure 7-10.

The following are some of the tests included in a urinalysis:

1. **Color**—Normal urine color is yellow (amber) or straw-colored. A colorless, pale urine indicates a large amount of water in the urine, whereas a smoky-red or brown color of urine indicates the presence of large amounts of blood. Foods such as beets and certain drugs also can produce a red coloration of urine.
2. **Appearance**—Normally, urine should be clear. Cloudy or **turbid** urine indicates a urinary tract infection with **pus (pyuria)** and **bacteria (bacteriuria)**.
3. **pH**—Determination of pH reveals the chemical nature of urine. It indicates to what degree a solution is **acid** or **alkaline (basic)** (Figure 7-11). Normal urine is slightly acidic pH of 6.5. However, in some infections of the bladder, the urine pH may be alkaline, owing to the actions of bacteria in the urine that break down urea and release ammonia (an alkaline substance).
4. **Protein**—Small amounts of protein are normally found in the urine but not in sufficient quantity to produce a positive result by ordinary methods of testing. When urinary tests for protein become positive, **albumin** is usually responsible. Albumin is the major protein in blood plasma. If it is detected in urine (**albuminuria**), it may indicate a leak in the glomerular membrane, which allows albumin to enter the renal tubule and pass into the urine.

Through more sensitive testing, smaller abnormal amounts of albumin may be detected (**microalbuminuria**) when ordinary tests are negative. Microalbuminuria is recognized as the earliest sign of renal involvement in diabetes mellitus.

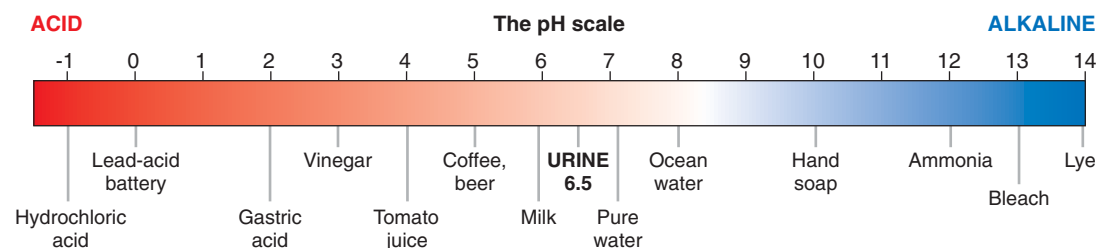


FIGURE 7-11 The pH scale. Pure water has a neutral pH.

5. **Glucose**—Sugar is not normally found in the urine. In most cases, when it does appear (**glycosuria**), it indicates **diabetes mellitus**. In diabetes mellitus, there is excess sugar in the bloodstream (hyperglycemia), which leads to the “spilling over” of sugar into the urine. The renal tubules cannot reabsorb all the sugar that filters out through the glomerular membrane.
6. **Specific gravity**—The specific gravity of urine reflects the amounts of wastes, minerals, and solids in the urine. It is a comparison of the density of urine with that of water. The urine of patients with diabetes mellitus has a higher-than-normal specific gravity because of the presence of sugar.
7. **Ketone bodies**—Ketones (or **acetones**, a type of ketone body) are formed when fatty acids are broken down in the liver. Ketones accumulate in blood and urine when the body breaks down fat, instead of sugar, for fuel. **Ketonuria** occurs in diabetes mellitus when cells deprived of sugar must use up their available fat for energy. In starvation, when sugar is not available, ketonuria and ketosis (ketones in the blood) occur as fat is catabolized abnormally.
Ketones in the blood are dangerous because they increase the acidity of the blood (**ketoacidosis**). This can lead to coma (unconsciousness) and death.
8. **Sediment and casts**—The presence of abnormal particles in the urine is a sign of a pathologic condition. Such particles, which may settle to the bottom of a urine sample as sediment, may include cells (epithelial cells, white blood cells, or red blood cells), bacteria, crystals, and casts (cylindrical structures of protein often containing cellular elements).
9. **Phenylketonuria (PKU)**—This is a rare condition in which a baby is born unable to break down an amino acid, phenylalanine. Resulting high levels of phenylalanine (phenylketones are detected in urine) can lead to mental retardation. While the PKU test was originally performed on urine samples, now it is done via blood sample by pricking the newborn’s heel. If phenylalanine is detected, the infant is fed a low-protein diet excluding phenylalanine. Affected children remain on this diet until adulthood.
10. **Bilirubin**—This pigment substance, which results from hemoglobin breakdown, may be present in the urine (bilirubinuria) of patients with liver disease. Urobilinogen, a breakdown product of bilirubin, may also be found in the urine.

PATHOLOGIC TERMINOLOGY: KIDNEY, BLADDER, AND ASSOCIATED CONDITIONS

KIDNEY

glomerulonephritis

Inflammation of the glomeruli within the kidney.

This condition can follow a streptococcal infection. It results in leaky glomeruli, hematuria, red blood cell casts, albuminuria, renal failure, and uremia. Drugs may be useful to control inflammation, and dialysis or renal transplantation may be necessary if uremia occurs.

interstitial nephritis

Inflammation of the connective tissue that lies between the renal tubules.

The connective tissue lying between the renal tubules is called the renal interstitium. Acute interstitial nephritis, an increasingly common disorder, may develop after use of NSAIDs (nonsteroidal anti-inflammatory drugs, such as ibuprofen) and other drugs. It may be marked by fever, skin rash, and eosinophils in the blood and urine.

nephrolithiasis**Kidney stones (renal calculi).**

Kidney stones usually are composed of uric acid or calcium salts. Stones often lodge in the ureter or bladder, as well as in the renal pelvis, and may require removal by **lithotripsy** (see page 234) or surgery.

nephrotic syndrome (nephrosis)**Group of clinical signs and symptoms caused by excessive protein loss in urine.**

Nephrotic syndrome may follow glomerulonephritis or exposure to toxins or certain drugs, immune diseases, and other pathologic conditions, such as diabetes mellitus and cancer. Two important signs of nephrotic syndrome are **edema** (swelling caused by fluid in tissue spaces) and **hypoalbuminemia**. Both of these signs are caused by massive leakage of protein into urine.

polycystic kidney disease (PKD)**Multiple fluid-filled sacs (cysts) within and on the kidney.**

There are two types of hereditary PKD. One type is usually **asymptomatic** (without symptoms) until middle age and then is marked by hematuria, urinary tract infections, nephrolithiasis, and renal failure. The other type of PKD occurs in infants or children and results in renal failure. Figure 7-12A shows polycystic kidney disease.

pyelonephritis**Inflammation of the lining of the renal pelvis and renal parenchyma.**

The **parenchyma** of an organ is its essential and distinctive tissue. Nephrons are the renal parenchyma. Bacterial infection in the urinary tract causes collections of pus to form in the kidney, often associated with bacteria spilling into the bloodstream. Urinalysis reveals pyuria. Treatment consists of antibiotics and surgical correction of any obstruction to urine flow.

renal cell carcinoma (hypernephroma)**Cancerous tumor of the kidney in adulthood.**

This tumor (see Figure 7-12B) accounts for 2% of all cancers in adults. Hematuria is the primary abnormal finding, and the tumor often metastasizes to bones and lungs. Nephrectomy or partial nephrectomy is the primary treatment.

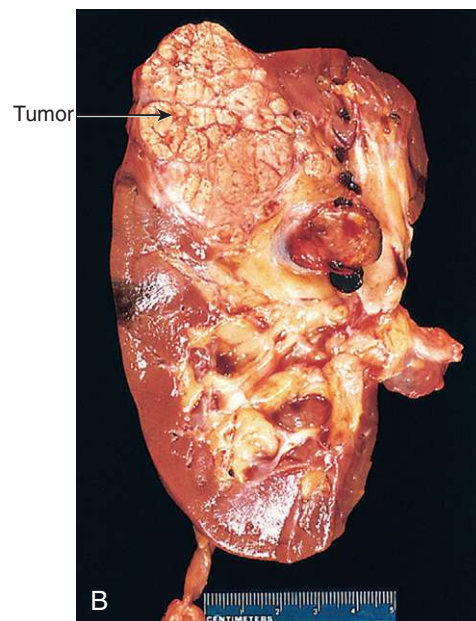
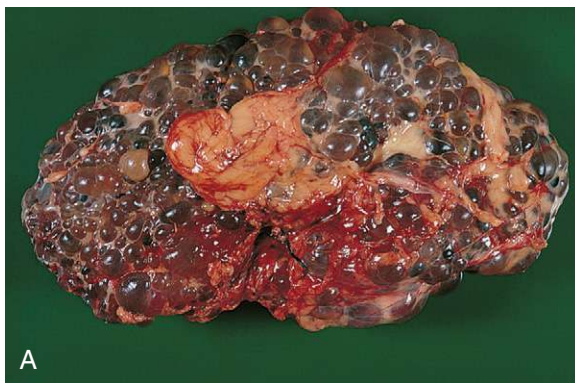


FIGURE 7-12 A, Polycystic kidney disease. The kidneys contain masses of cysts. Typically, polycystic kidneys weigh 20 times more than their usual weight (150 to 200 grams). B, Renal cell carcinoma.

renal failure**Decrease in excretion of wastes results from impaired filtration function.**

A large number of conditions, including high blood pressure, infection, and diabetes, can lead to renal failure, which may be acute (ARF) or chronic (CRF), reversible or progressive, mild or severe. A newer classification of **chronic kidney disease (CKD)** stages patients according to the level of creatinine clearance and glomerular filtration rate (GFR), ranging from normal (stage 1) to end-stage renal failure (stage 5). See page 237 under CKD stages.

renal hypertension**High blood pressure resulting from kidney disease.**

Renal hypertension is the most common type of **secondary hypertension** (high blood pressure caused by an abnormal condition such as glomerulonephritis). If the cause of high blood pressure is not known, the condition is called **essential hypertension**. Chronic **essential hypertension** causes arterial and arteriolar damage, potentially resulting in stroke, myocardial infarction (heart attack), heart failure, or renal failure.

Wilms tumor**Malignant tumor of the kidney occurring in childhood.**

This tumor may be treated with surgery, radiation therapy, and chemotherapy.

URINARY BLADDER**bladder cancer****Malignant tumor of the urinary bladder.**

Bladder cancer occurs more frequently in men (often smokers) and in persons older than 50 years of age, especially industrial workers exposed to dyes and leather tanning agents. Signs and symptoms include gross (visible to the naked eye) or microscopic hematuria and dysuria. Cystoscopy with biopsy is the most common diagnostic procedure. Staging of the tumor is based on the depth to which the tumor invades the bladder wall and presence of metastasis. Superficial tumors are removed by electrocauterization (burning). Cystectomy, chemotherapy, and radiation therapy are treatments for disease that has spread deeply into the bladder wall, to regional lymph nodes, or to distant organs.

ASSOCIATED CONDITIONS**diabetes insipidus (DI)****Antidiuretic hormone (ADH) is not secreted, or there is a resistance of the kidney to ADH.**

In DI, the kidney produces large amounts of dilute urine (polyuria). Lack of ADH prevents water from being reabsorbed into the blood through the renal tubules. Insipidus means tasteless, reflecting very dilute and watery urine, not sweet as in diabetes mellitus. The term **diabetes** comes from the Greek *diabainein*, meaning to pass through. Both types of diabetes (insipidus and mellitus) are marked by polyuria and polydipsia.

diabetes mellitus (DM)**Insulin is not secreted adequately or tissues are resistant to its effects.**

The major signs and symptoms of diabetes mellitus are glycosuria, hyperglycemia, polyuria, and polydipsia. Without insulin, sugar cannot leave the bloodstream and is not available to body cells for energy. Sugar remains in the blood (hyperglycemia) and spills over into the urine (glycosuria). Mellitus means sweet, reflecting the content of the urine. The term diabetes, when used alone, refers to diabetes mellitus. See Chapter 18 for more information about diabetes mellitus.

LABORATORY TESTS AND CLINICAL PROCEDURES

LABORATORY TESTS

blood urea nitrogen (BUN)

Measurement of urea levels in blood.

Normally, the blood urea level is low because urea is excreted in the urine continuously. However, when the kidney is diseased or fails, urea accumulates in the blood (uremia), leading to unconsciousness and death.

creatinine clearance

Measurement of the rate at which creatinine is cleared from the blood by the kidney.

This is an important test to assess the functioning of the kidney. A blood sample is drawn and the creatinine concentration in blood is compared with the amount of creatinine excreted in the urine during a fixed time period. If the kidney is not functioning well in its job of clearing creatinine from the blood, the amount of creatinine in the blood will be high relative to the amount in urine. Creatinine clearance is a useful indicator of the **glomerular filtration rate (GFR)**, which normally is 90 to 120 mL/minute.

CLINICAL PROCEDURES

X-Ray Studies

CT urography

X-ray images obtained using computed tomography show multiple cross-sectional and other views of the kidney.

CT scanners show multiple views of the kidney, taken with or without contrast material. Two main indications are to detect kidney stones and to evaluate patients with hematuria. (Figure 7-13A).

kidneys, ureters, and bladder (KUB)

X-ray examination (without contrast) of the kidneys, ureters, and bladder.

A KUB study demonstrates the size and location of the kidneys in relation to other organs in the abdominopelvic region.

renal angiography

X-ray examination (with contrast) of the blood vessels of the kidney.

This procedure helps diagnose obstruction or constriction of blood vessels leading to the kidney. The same changes can be seen on CT and MRI urography.

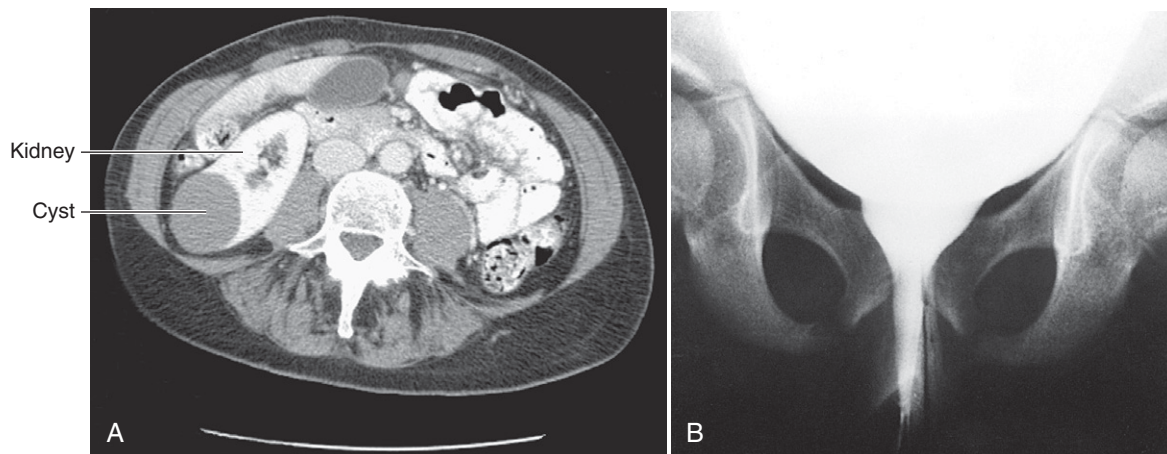


FIGURE 7-13 A, CT urography with contrast (axial view) shows a benign cyst on the kidney. It does not take up the contrast and is smooth and round. B, Voiding cystourethrogram showing a normal female urethra. (Courtesy William H. Bush, Jr., MD, University of Washington, Seattle.)

retrograde pyelogram (RP)

X-ray image of the renal pelvis and ureters after injection of contrast through a urinary catheter into the ureters from the bladder.

This technique is useful in locating urinary stones and obstructions.

voiding cystourethrogram (VCUG)

X-ray image (with contrast) of the urinary bladder and urethra obtained while the patient is voiding. See Figure 7-13B.

The bladder is filled with contrast material, followed by fluoroscopy (real-time x-ray imaging). Reflux of contrast into the ureters is abnormal and may occur with recurrent urinary tract infections.

Ultrasound Examination**ultrasonography**

Imaging of urinary tract structures using high-frequency sound waves.

Kidney size, tumors, hydronephrosis, polycystic kidney disease, and ureteral and bladder obstruction can be diagnosed using ultrasound techniques.

Radioactive Study**radioisotope scan**

Image of the kidney obtained after injecting a radioactive substance (radioisotope) into the bloodstream.

Pictures show the size and shape of the kidney (**renal scan**) and its functioning (**renogram**). These studies can indicate narrowing of blood vessels, diagnose obstruction, and determine the individual functioning of each kidney.

Magnetic Resonance Imaging**MRI urography**

Changing magnetic field produces images of the kidney and surrounding structures in three planes of the body.

The patient lies within a cylindrical magnetic resonance machine, and images are made of the pelvic and retroperitoneal regions using magnetic waves. This test is useful in visualizing tumor invasion of blood vessels, lymph nodes, and adjacent tissues.

OTHER PROCEDURES**cystoscopy**

Direct visualization of the urethra and urinary bladder with an endoscope (cystoscope).

The procedure can be performed in two ways. **Flexible cystoscopy** uses a thin fiberoptic cystoscope and is used for diagnosis and check-ups of the urinary bladder. **Rigid cystoscopy** uses a hollow metal tube, passed through the urethra and into the bladder. It is used to take biopsy samples, remove polyps, or perform laser treatments. (Figure 7-14A and B).

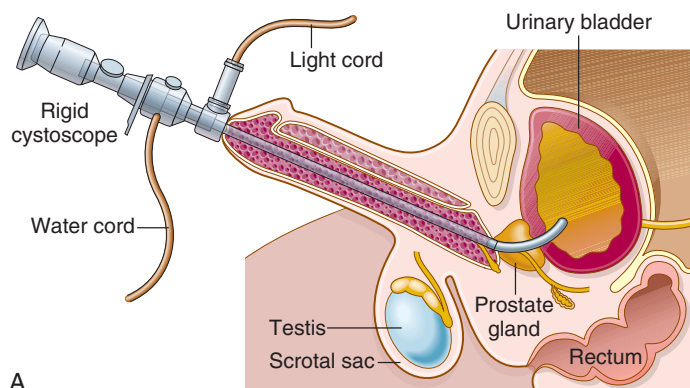


FIGURE 7-14 Cystoscopy. A, Shows a rigid cystoscope in place. B, Shows a flexible cystoscope.

dialysis**Process of separating nitrogenous waste materials from the blood.**

Dialysis is used to treat acute or chronic renal failure and some cases of drug use. There are two methods:

1. **Hemodialysis (HD)** uses an artificial kidney machine that receives waste-filled blood from the patient's bloodstream, filters it through an artificial porous membrane (dialyzer), and returns the dialyzed blood to the patient's body (Figure 7-15A). An **arteriovenous fistula** (communication between an artery and vein) is created surgically to provide easy access for hemodialysis (Figure 7-15B).
2. **Peritoneal dialysis (PD)** uses a **catheter** to introduce fluid into the peritoneal (abdominal) cavity. Waste materials, such as urea, in the capillaries of the peritoneum pass out of the bloodstream and into the fluid. The fluid (with wastes) is then removed by catheter. When used to treat patients with chronic kidney disease, PD may be performed continuously by the patient without mechanical support (CAPD—continuous ambulatory PD; Figure 7-16) or with the aid of a mechanical apparatus used at night during sleep.

lithotripsy**Urinary tract stones are crushed.**

The **extracorporeal** method uses shock waves directed toward the stone from the outside of the body (extra = outside, corpor/o = body). The patient receives light sedation or an anesthetic. Stones pass from the body in urine after the procedure. Abbreviation is **ESWL (extracorporeal shock wave lithotripsy)**.

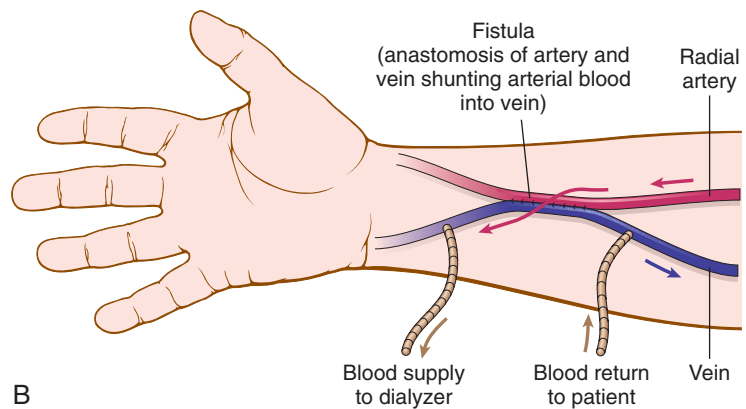
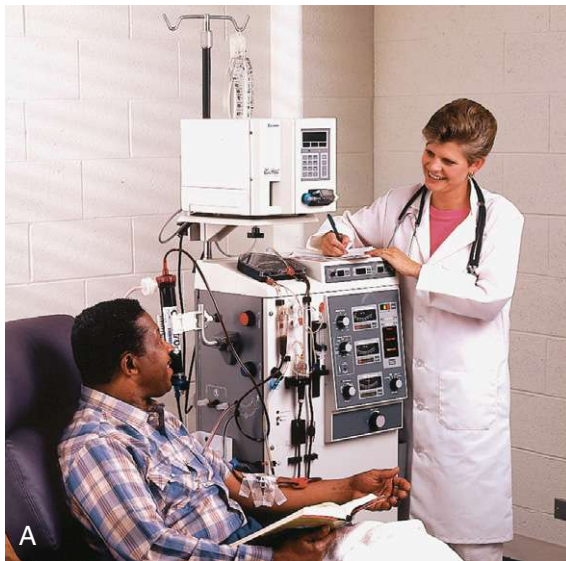


FIGURE 7-15 Hemodialysis (HD). **A**, Patient receiving HD. Conventional HD involves 3 to 4 hours of dialysis three times weekly. Newer alternative modalities include slower and longer dialysis, nocturnal HD, and daily short HD. **B**, **Arteriovenous fistula** for hemodialysis.

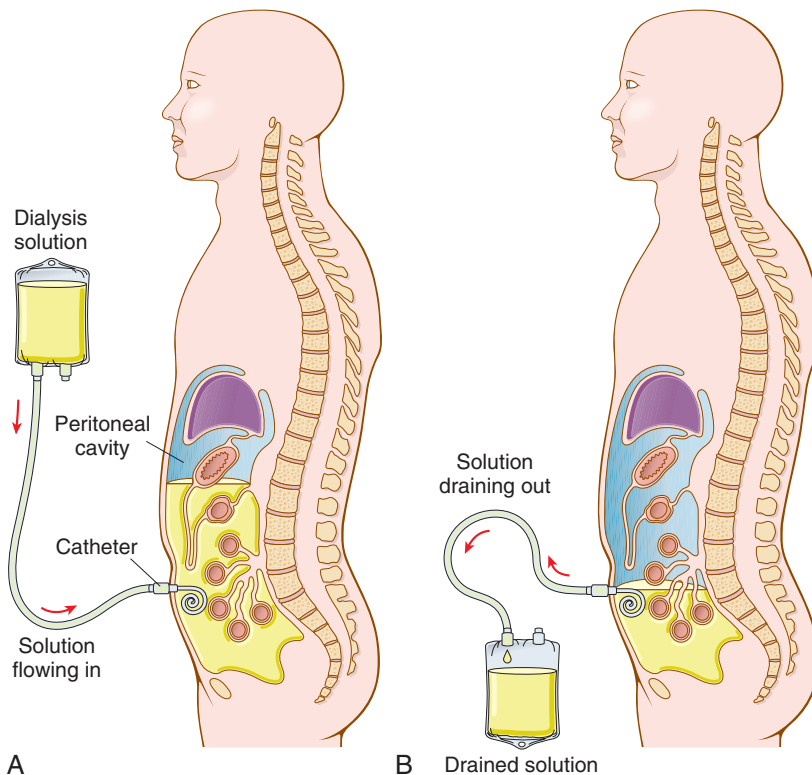


FIGURE 7-16 Continuous ambulatory peritoneal dialysis (CAPD). (A) The dialysis solution (dialysate) flows from a collapsible plastic bag through a catheter (Tenckhoff peritoneal catheter) into the patient's peritoneal cavity. The empty bag is then folded and inserted into undergarments. (B) After 4 to 8 hours, the bag is unfolded, and the fluid is allowed to drain into it by gravity. The full bag is discarded, and a new bag of fresh dialysate is attached.

renal angioplasty

Dilation of narrowed areas in renal arteries.

A balloon attached to a catheter is inserted into the artery and then inflated to enlarge the vessel diameter. Afterward, stents (metal-mesh tubes) may be inserted to keep the vessel open. This procedure is used to treat renal hypertension and to preserve renal function.

renal biopsy

Removal of kidney tissue for microscopic examination.

Biopsy may be performed at the time of surgery (open) or through the skin (percutaneous, or closed). When the latter technique is used, the patient lies in the prone position; then, after administration of local anesthesia to the overlying skin and muscles of the back, the physician inserts a biopsy needle downward into the kidney. Several specimens are obtained for examination by a pathologist.

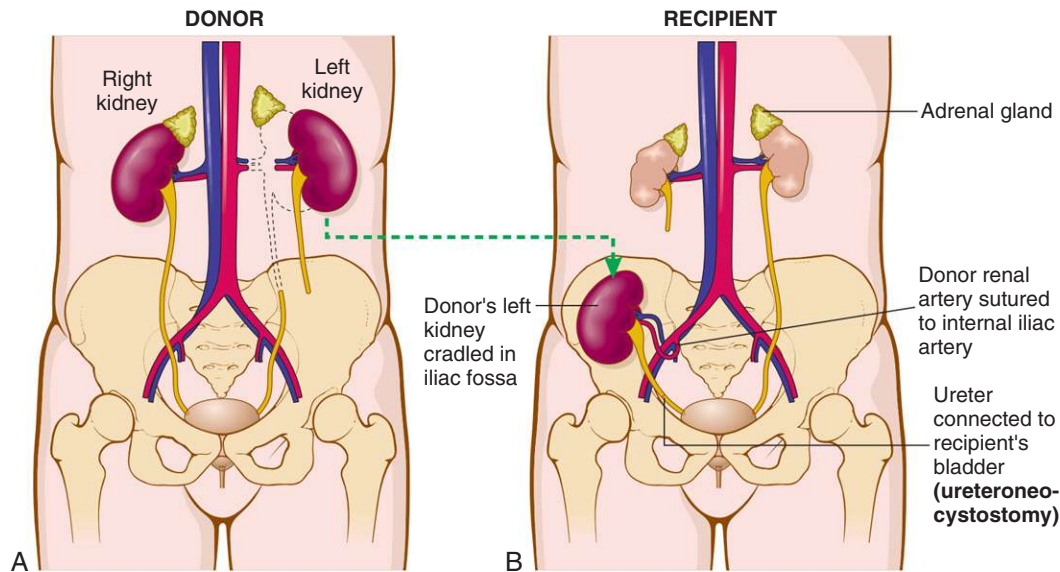


FIGURE 7-17 Renal (kidney) transplantation. **A**, Left kidney of donor is removed for transplantation. **B**, Kidney is transplanted to right pelvis of the recipient. The renal artery and vein of the donor kidney are joined to the recipient kidney's artery and vein, and the end of the donor ureter is connected to the recipient's bladder (**ureteroneocystostomy**). The health of the donor is not affected by losing one kidney. In fact, the remaining kidney is able to take over full function.

renal transplantation

Surgical transfer of a kidney from a donor to a recipient.

Patients with renal failure may receive a kidney from a living donor, such as an identical twin (isograft) or other person (allograft), or from a patient at the time of death (cadaver transplant). Best results occur when the donor is closely related to the recipient—98% of transplanted kidneys survive for 1 year or longer (Figure 7-17). See *In Person* account, page 240, of a kidney transplant donor.

urinary catheterization

Passage of a flexible, tubular instrument through the urethra into the urinary bladder.

Catheters are used primarily for short- or long-term drainage of urine. A **Foley catheter** is an indwelling (left in the bladder) catheter held in place by a balloon inflated with liquid (Figure 7-18).

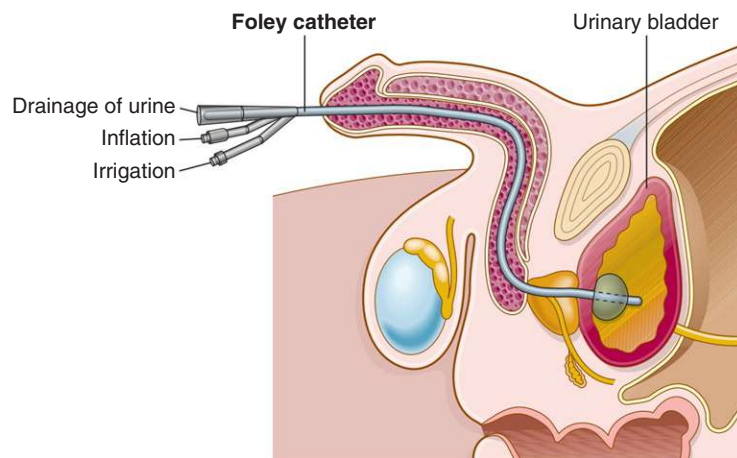


FIGURE 7-18 Foley catheter in place in the urinary bladder. The three-way catheter has three separate lumens: for drainage of urine, for inflation of balloons in the bladder, and for introduction of irrigating solutions into the bladder.



ABBREVIATIONS

ADH	antidiuretic hormone—vasopressin	HD	hemodialysis
AKI	acute renal injury	IC	interstitial cystitis—chronic inflammation of the bladder wall; not caused by bacterial infection and not responsive to conventional antibiotic therapy
BUN	blood urea nitrogen		
CAPD	continuous ambulatory peritoneal dialysis		
CKD	chronic kidney disease—a condition during which serum creatinine and BUN levels rise, which may result in impairment of all body systems	IVP	intravenous pyelogram
		K⁺	potassium—an electrolyte
Cl⁻	chloride—an electrolyte excreted by the kidney	KUB	kidney, ureter, and bladder
CrCl	creatinine clearance	Na⁺	sodium—an electrolyte
CRF	chronic renal failure—progressive loss of kidney function	PD	peritoneal dialysis
C&S	culture and sensitivity testing—to determine antibiotic effectiveness against bacteria grown from a patient's urine specimen	pH	potential hydrogen; scale to indicate degree of acidity or alkalinity
cysto	cystoscopic examination	PKD	polycystic kidney disease
eGFR	estimated glomerular filtration rate	PUL	percutaneous ultrasound lithotripsy
ESWL	extracorporeal shock wave lithotripsy	RP	retrograde pyelography
HCO₃⁻	bicarbonate—an electrolyte conserved by the kidney	sp gr	specific gravity
		UA	urinalysis
		UTI	urinary tract infection
		VCUG	voiding cystourethrogram



CKD Stages

There are 5 stages that reflect increasing severity of kidney disease:

- Stage 1 = eGFR >90
- Stage 2 = eGFR 60-90
- Stage 3 = eGFR 30-60
- Stage 4 = eGFR 15-30
- Stage 5 = eGFR <15



PRACTICAL APPLICATIONS

Answers to the questions about the case report and the urinalysis findings are on page 248.

UROLOGIC CASE REPORT

The patient, a 50-year-old woman, presented to the clinic complaining of painless hematuria and clots. There had been no history of urolithiasis, pyuria, or previous hematuria. Nocturia had been present about 5 years earlier. Endoscopy revealed a carcinoma located about 2 cm from the left ureteral orifice. A metastatic workup was negative. Partial cystectomy was carried out and the lesion cleared. Bilateral pelvic lymphadenectomy revealed no positive nodes. No ileal conduit was necessary.

Questions about the Case Report

1. Urologic refers to which system of the body?
 - a. Digestive
 - b. Endocrine
 - c. Excretory
2. What was the patient's reason for appearing at the clinic?
 - a. Scanty urination
 - b. Inability to urinate
 - c. Blood in urine
3. Which of the following was a previous symptom?
 - a. Excessive urination at night
 - b. Blood in the urine
 - c. Pus in the urine
4. What diagnostic procedure was carried out?
 - a. Lithotripsy
 - b. Cystoscopy
 - c. Urinalysis
5. The patient's diagnosis was
 - a. Malignant tumor of the bladder
 - b. Tumor in the proximal ureter
 - c. Lymph nodes affected by tumor
6. Treatment was
 - a. Ureteroileostomy
 - b. Removal of tumor and subtotal removal of the bladder
 - c. Not necessary because of negative lymph nodes

URINALYSIS FINDINGS

TEST	NORMAL	ABNORMAL
Color	Amber-yellow	Smoky-red (blood in urine): renal calculi; tumor; kidney disease; cystitis; urinary obstruction
Appearance	Clear	Cloudy (pyuria): urinary tract infection (UTI)
pH	4.6-8.0	Alkaline: UTI
Protein	None or small amount	Proteinuria: nephritis; renal failure
Glucose	None	Glycosuria: diabetes mellitus
Ketones	None	Ketonuria: diabetes mellitus
Bilirubin	None	Bilirubinuria: hepatitis or gallbladder disease
Specific gravity	1.003-1.030	High: renal calculi; diabetes mellitus Low: diabetes insipidus
Sediment	None	Casts: nephritis; renal disease

Name the appropriate test for detecting or evaluating each of the following.

1. Sugar in urine _____
2. Level of bile pigment in urine _____
3. Hematuria _____
4. Albumin in urine _____
5. Structures in the shape of renal tubules in urine _____
6. Chemical reaction of urine _____
7. Dilution or concentration of urine _____
8. Acetones in urine _____
9. Pus in urine _____

UROLOGIC CASE STUDY

A 22-year-old Brazilian fashion model comes to the ED with a history of fever, dysuria, and shaking chills. Results of her UA, with normal findings for comparison, are as follows:

	URINALYSIS (UA) RESULTS	NORMAL FINDINGS
Color	amber yellow	amber yellow
Appearance	turbid	clear
Specific gravity	1.040	1.003-1.030
pH	8.4	6.5 (range, 4.6-8.0)
Protein	neg	neg
Glucose	neg	neg
Ketones	neg	neg
Bili	neg	neg
WBC count	>100 units	0
Bacteria	bacilli (rods)	0
Sediment	WBC casts	none

What's the probable diagnosis?

- a. Diabetes mellitus with glycosuria
- b. Glomerulonephritis with staphylococcal infection
- c. Nephrotic syndrome with albuminuria
- d. Urinary tract infection with pyelonephritis



IN PERSON

This first-person narrative was written by a kidney donor.

When my 64 year-old father-in-law announced to my wife and me that his kidney function was failing, it didn't really enter our minds that one of us might ultimately have a part to play in his survival. Five years later, dialysis was taking its toll on his organ systems, and there had been no success in obtaining a cadaveric kidney. Things had reached the point where he needed a kidney in short order, before his health deteriorated to the point where he would no longer be a candidate for transplantation.

My wife's blood type ruled out the possibility of her being a direct donor, so I volunteered to be tested. Turns out that we were a match on 5 of the 7 key traits—a really good fit! The next round of testing—blood work and my kidney function—was able to be done locally. I remember carrying around a specimen container (on ice), having to provide a full liter of urine in 24 hours!

The results of those tests were favorable, and two weeks later I made the 3½-hour drive to the transplant center at the University of Virginia in Charlottesville. While a transplant is really a team of two—donor and recipient—the entire process at UVA was very much individualized. A transplant coordinator (an experienced RN) was assigned specifically to our case, and I had a team of doctors and support staff dedicated exclusively to me, the donor. Similarly, there was a team that dealt only with my father-in-law as the recipient.

My visit involved some more in-depth blood tests and cardiac studies largely to determine that I was healthy enough for major surgery. My transplant team and I spent an entire afternoon discussing the implications of being a donor—the inherent risk in any surgery, potential implications for me and my family, the likely recovery time, and the possibility that, despite all of the up-front testing, the transplant might not be successful. The discussions that afternoon only reaffirmed that I was making the right decision. I had an opportunity to positively impact someone else's life, with relatively little risk to my own health.

The events around the surgery itself were pretty straightforward. We drove up from Greensboro on Wednesday evening, with the surgery scheduled for 8:00 AM Thursday morning. I didn't get much sleep that night—I watched my favorite “comfort” movie, “Love Actually,” at 3:00 AM—but was excited and ready to go in the morning. As you might imagine, the moments immediately before going into pre-op were very emotional for all of us. We shed a lot of tears—of apprehension for the surgeries and of joy at the prospect of a new beginning for my father-in-law. The surgery is a more involved procedure for the donor than for the recipient, so I was taken back first. A nurse started an IV and pushed a mild sedative. From that point, my only memory is of one last hug for my wife and children, and then being shifted from the stretcher onto the operating table.

When I woke up in recovery, the news was all good. My surgery had gone well—four laparoscopic incisions through which the surgeons did most all of their work, and a lateral incision in my lower abdomen through which the kidney was removed. Equally important, my father-in-law had come through his surgery well and the kidney had immediately begun to function! I was discharged from the hospital on Sunday, and cleared to return home the next Friday, 8 days post-op.

All told, I was out of work for 12 days—2 days the week of the surgery and the following 2 weeks. As is typical following a major surgery, it took about 6 weeks for me to feel “normal” again. During those 6 weeks, I had weekly blood tests to chart the progress of my kidney function. I went back to UVA for a routine follow-up visit at the 6 week mark. I was recovering as expected, and my remaining kidney was actually growing in size and capacity. Blood tests continued on a monthly basis until I was officially “discharged” from the transplant center's care six months after the surgery.



Now, 5 years after the transplant, both my father-in-law and I continue to do well. As my mother-in-law likes to say, I donated a “rock star” kidney that has allowed our family to enjoy many visits and create many cherished memories that will last a lifetime. My two children, now 17 and 14, have enjoyed their grandfather’s love and guidance during some very important years in their lives. This is especially meaningful to me, as I lost my father before my wife and I started our family, and our children missed out on an opportunity to know and love a wonderful man.

John Melson lives in Greensboro, North Carolina, with his wife and two wonderful children. He is a finance and marketing executive with a global textile firm, and enjoys golf, tennis, and traveling. He is pictured with his father-in-law, Rod Beckwith.



EXERCISES

Remember to check your answers carefully with the Answers to Exercises, pages 247 and 248.

- A** Using the following terms, trace the path of urine from the renal arterioles (bloodstream) to the point at which urine leaves the body. The first answer is provided.

glomerular capsule
glomerulus

renal pelvis
renal tubule

ureter
urethra

urinary bladder
urinary meatus

- | | |
|----------------------|----------|
| 1. <u>glomerulus</u> | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

- B** Match the term in Column I with its definition or a term of similar meaning in Column II. Write the correct letter in the spaces provided.

COLUMN I

- | | |
|-------------------|-------|
| 1. voiding | _____ |
| 2. trigone | _____ |
| 3. renal cortex | _____ |
| 4. renal medulla | _____ |
| 5. urea | _____ |
| 6. erythropoietin | _____ |
| 7. renin | _____ |
| 8. electrolyte | _____ |
| 9. hilum | _____ |
| 10. calyx (calix) | _____ |

COLUMN II

- | |
|--|
| A. hormone secreted by the kidney that stimulates formation of red blood cells |
| B. notch on the surface of the kidney where blood vessels and nerves enter |
| C. urination; micturition |
| D. nitrogenous waste |
| E. cup-like collecting region of the renal pelvis |
| F. small molecule that carries an electric charge in solution |
| G. inner region of the kidney |
| H. hormone made by the kidney; increases blood pressure |
| I. triangular area in the bladder |
| J. outer section of the kidney |

C Give the meanings of the following medical terms.

1. caliceal _____
2. uric acid _____
3. urinary meatal stenosis _____
4. cystocele _____
5. pyelolithotomy _____
6. trigonitis _____
7. ureteroileostomy _____
8. urethrostenosis _____
9. vesicoureteral reflux _____
10. creatinine _____
11. medullary _____
12. cortical _____
13. calciferol _____

D The following terms all contain the suffix -uria, meaning urination. Write their meanings in the spaces provided.

1. nocturia _____
2. dysuria _____
3. oliguria _____
4. polyuria _____
5. anuria _____

E In the following terms, -uria means urine condition (substance in the urine). What's in the urine?

- | | |
|----------------------|----------------------|
| 1. pyuria _____ | 4. glycosuria _____ |
| 2. albuminuria _____ | 5. ketonuria _____ |
| 3. hematuria _____ | 6. bacteriuria _____ |

F Give the meanings of the following terms that relate to urinary signs and symptoms.

1. azotemia _____
2. polydipsia _____
3. urinary incontinence _____
4. enuresis _____
5. urinary retention _____
6. ketosis _____

G Give short answers for the following.

1. What is the difference between hematuria and uremia? _____
2. What is diuresis? _____
3. What is a diuretic? _____
4. What is antidiuretic hormone? _____
5. What is hyponatremia? _____
6. What is hyperkalemia? _____
7. What is PKU? _____

H Match the following terms that pertain to urinalysis with their meanings below.

albuminuria
bilirubinuria
glycosuria

hematuria
ketonuria
pH

pyuria
sediment
specific gravity

1. Abnormal particles present in the urine—cells, bacteria, casts, and crystals

2. Smoky-red color of urine caused by the presence of blood _____
3. Turbid (cloudy) urine caused by the presence of polymorphonuclear leukocytes and pus

4. Sugar in the urine; a sign of diabetes mellitus and a result of hyperglycemia

5. Urine test that reflects the acidity or alkalinity of the urine _____
6. High levels of acids and acetones accumulate in the urine as a result of abnormal fat breakdown

7. Dark pigment that accumulates in urine as a result of liver or gallbladder disease

8. Urine test that reflects the concentration of the urine _____
9. Leaky glomeruli can produce accumulation of protein in the urine _____

I Describe the following abnormal conditions that affect the kidney.

1. renal failure _____
2. polycystic kidney _____
3. interstitial nephritis _____
4. glomerulonephritis _____
5. nephrolithiasis _____
6. renal cell carcinoma _____
7. pyelonephritis _____
8. Wilms tumor _____
9. nephrotic syndrome _____
10. renal hypertension _____

J Match the following terms with their meanings below.

abscess
catheter
diabetes insipidus
diabetes mellitus

edema
essential hypertension
nephroptosis

renal colic
secondary hypertension
stricture

1. idiopathic high blood pressure _____
2. swelling, fluid in tissues _____
3. narrowed area in a tube _____
4. collection of pus _____
5. inadequate secretion of insulin or improper utilization of insulin leads to this condition

6. high blood pressure caused by kidney disease or another disease _____
7. tube for withdrawing or giving fluid _____
8. inadequate secretion or resistance of the kidney to the action of antidiuretic hormone

9. prolapse of a kidney _____
10. severe pain resulting from a stone that is blocking a ureter or a kidney

K Give the meanings of the following abbreviations. Then select the letter of the sentence that is the best association for each.

COLUMN I

1. CAPD _____
2. BUN _____
3. RP _____
4. cysto _____
5. UA _____
6. UTI _____
7. CKD _____
8. K⁺ _____
9. VCUG _____
10. HD _____

COLUMN II

- A. Bacterial invasion leads to this condition; acute cystitis is an example.
- B. This electrolyte is secreted by renal tubules into the urine.
- C. A machine removes nitrogenous wastes from the patient's blood.
- D. High levels measured on this test lead to the suspicion of renal disease.
- E. This endoscopic procedure is used to examine the interior of the urinary bladder.
- F. Dialysate (fluid) is injected into the peritoneal cavity and then drained out.
- G. Contrast is injected into the urinary bladder and ureters and x-ray pictures of the urinary tract are taken.
- H. X-ray pictures of the urinary bladder and urethra are taken while the patient urinates.
- I. The parts of this test include specific gravity, color, protein, glucose, and pH.
- J. This condition includes mild to severe kidney failure.

L Match the following procedures with their meanings below.

cystectomy
cystoscopy
cystostomy
lithotripsy

nephrectomy
nephrolithotomy
nephrostomy

ureterolithotomy
urethroplasty
ureteroileostomy

1. Excision of a kidney _____
2. Surgical incision into the kidney to remove a stone _____
3. Visual examination of the urinary bladder via endoscope _____
4. Crushing of stones _____
5. New opening of the ureters to a segment of ileum (in place of the bladder)

6. Surgical repair of the urethra _____
7. Creation of an artificial opening into the kidney (via catheter) from the outside of the body

8. Surgical formation of an opening from the bladder to the outside of the body

9. Removal of the urinary bladder _____
10. Incision of a ureter to remove a stone _____

M Circle the correct term to complete the following sentences.

1. After diagnosis of renal cell carcinoma (made by renal biopsy), Dr. Davis advised Donna that **(nephrostomy, meatotomy, nephrectomy)** would be necessary.
2. Ever since Bill's condition of gout was diagnosed, he has been warned that uric acid crystals could accumulate in his blood and tissues, leading to **(pyuria, renal calculi, cystocele)**.
3. The voiding cystourethrogram demonstrated blockage of urine flow from Jim's bladder and **(hydronephrosis, renal ischemia, azotemia)**.
4. Narrowed arterioles in the kidney increase blood pressure, so **(urinary incontinence, urinary retention, nephrosclerosis)** is often associated with hypertension.
5. Eight-year-old Willy continually wet his bed at night while sleeping. His pediatrician instructed his mother to limit Willy's intake of fluids in the evening to discourage his **(nocturia, oliguria, enuresis)**.
6. David's chronic type 1 diabetes eventually resulted in **(nephropathy, meatal stenosis, urolithiasis)**, which led to renal failure.
7. After Sue's bilateral renal failure, her doctor advised dialysis and possible **(cystostomy, nephrolithotomy, renal transplantation)**.
8. When Maria's left kidney stopped functioning, her contralateral kidney overdeveloped or **(metastasized, atrophied, hypertrophied)** to meet the increased workload.
9. A popular diet program recommends eating foods high in fats and protein. People on this diet check their urine for the presence of **(ketones, glucose, amino acids)**.
10. Andrea's urinalysis revealed proteinuria, and her ankles began to swell, demonstrating pitting, a condition known as **(ascites, edema, stricture)**. Her **(gastroenterologist, urologist, nephrologist)** diagnosed Andrea's condition as **(polycystic kidneys, nephrotic syndrome, bladder carcinoma)** and recommended drugs to heal leaky glomeruli and diuretics to reduce swelling.

ANSWERS TO EXERCISES

A

- | | | |
|-----------------------|--------------------|-------------------|
| 1. glomerulus | 4. renal pelvis | 7. urethra |
| 2. glomerular capsule | 5. ureter | 8. urinary meatus |
| 3. renal tubule | 6. urinary bladder | |

B

- | | | |
|------|------|-------|
| 1. C | 5. D | 8. F |
| 2. I | 6. A | 9. B |
| 3. J | 7. H | 10. E |
| 4. G | | |

C

- | | | |
|---|--|---|
| 1. pertaining to a calix (collecting cup of renal pelvis) | 6. inflammation of the trigone (triangular area in the bladder in which the ureters enter and urethra exits) | 9. backflow of urine from the bladder into the ureter |
| 2. nitrogenous waste excreted in urine; high levels of uric acid in the blood are associated with gouty arthritis | 7. new opening between the ureter and the ileum (an anastomosis); urine then leaves the body through an ileostomy; this surgery (ileal conduit) is performed when the bladder has been removed | 10. nitrogenous waste produced as a result of muscle metabolism and excreted in the urine |
| 3. narrowing of the urinary meatus | 8. narrowing (narrowed portion) of the urethra | 11. pertaining to the inner, middle section (of the kidney) |
| 4. hernia of the urinary bladder | | 12. pertaining to the outer section (of the kidney) |
| 5. incision to remove a stone from the renal pelvis | | 13. active form of vitamin D secreted by the kidneys |

D

- | | |
|--------------------------------|------------------------|
| 1. frequent urination at night | 4. excessive urination |
| 2. painful urination | 5. no urination |
| 3. scanty urination | |

E

- | | |
|------------|------------------------|
| 1. pus | 4. sugar |
| 2. protein | 5. ketones or acetones |
| 3. blood | 6. bacteria |

F

- | | | |
|--|--|---|
| 1. excess nitrogenous waste in the bloodstream | 4. bed-wetting | 6. abnormal condition of ketone bodies (acids and acetones) in the blood and body tissues |
| 2. condition of much thirst | 5. inability to release urine from the bladder | |
| 3. inability to hold urine in the bladder | | |

G

- | | | |
|---|--|---|
| 1. Hematuria is the presence of blood in the urine, and uremia is a toxic condition of excess urea (nitrogenous waste) in the bloodstream. Hematuria is a symptomatic condition of the urine (-uria), and uremia is an abnormal condition of the blood (-emia). | 4. Antidiuretic hormone is a hormone produced by the pituitary gland that normally helps the renal tubules to reabsorb water back into the bloodstream. It works against diuresis to help retain water in the blood. | 6. Hyperkalemia is abnormally high concentration of potassium in the blood. The major cause is chronic renal failure. |
| 2. Diuresis is the excessive production of urine (polyuria). | 5. Hyponatremia is abnormally low levels of sodium in the bloodstream. | 7. PKU is phenylketonuria. This occurs when there are high levels of phenylketones in urine and phenylalanine in the blood. The condition causes mental retardation in infants. |
| 3. A diuretic is a drug or chemical (caffeine or alcohol) that causes diuresis to occur. | | |

H

- | | | |
|-----------------------------------|---|--|
| 1. sediment | 4. glycosuria (sugar in the urine) | 7. bilirubinuria (high levels of bilirubin in the urine) |
| 2. hematuria (blood in the urine) | 5. pH | 8. specific gravity |
| 3. pyuria (pus in the urine) | 6. ketonuria (ketone bodies in the urine) | 9. albuminuria |

I

- | | | |
|---|--|--|
| 1. kidney does not excrete wastes | 5. condition of kidney stones (renal calculi) | 8. malignant tumor of the kidney in children |
| 2. multiple fluid-filled sacs form in and on the kidney | 6. malignant tumor of the kidney in adults | 9. group of symptoms (proteinuria, edema, hypoalbuminemia) that appears when the kidney is damaged by disease; also called nephrosis |
| 3. inflammation of the connective tissue (interstitium) lying between the renal tubules | 7. inflammation of the renal pelvis and parenchyma of the kidney (caused by a bacterial infection, such as with <i>Escherichia coli</i> , that spreads to the urinary tract from the gastrointestinal tract) | 10. high blood pressure caused by kidney disease |
| 4. inflammation of the glomerulus of the kidney (may be a complication after a streptococcal infection) | | |

J

- | | | |
|---------------------------|---------------------------|-----------------------|
| 1. essential hypertension | 5. diabetes mellitus | 8. diabetes insipidus |
| 2. edema | 6. secondary hypertension | 9. nephroptosis |
| 3. stricture | 7. catheter | 10. renal colic |
| 4. abscess | | |

K

- | | | |
|---|-------------------------------|--------------------------------|
| 1. continuous ambulatory peritoneal dialysis: F | 4. cystoscopy: E | 8. potassium: B |
| 2. blood urea nitrogen: D | 5. urinalysis: I | 9. voiding cystourethrogram: H |
| 3. retrograde pyelogram: G | 6. urinary tract infection: A | 10. hemodialysis: C |
| | 7. chronic kidney disease: J | |

L

- | | | |
|--------------------|---------------------|----------------------|
| 1. nephrectomy | 5. ureteroileostomy | 8. cystostomy |
| 2. nephrolithotomy | 6. urethroplasty | 9. cystectomy |
| 3. cystoscopy | 7. nephrostomy | 10. ureterolithotomy |
| 4. lithotripsy | | |

M

- | | | |
|---|--------------------------|---|
| 1. nephrectomy | 3. hydronephrosis | 8. hypertrophied |
| 2. renal calculi—don't confuse a calculus (stone) with dental calculus, which is an accumulation of dental plaque that has hardened | 4. nephrosclerosis | 9. ketones |
| | 5. enuresis | 10. edema, nephrologist, nephrotic syndrome |
| | 6. nephropathy | |
| | 7. renal transplantation | |

Answers to Practical Applications**Urologic Case Report**

- c
- c
- a
- b
- a
- b

Urinalysis Findings

- glucose
- bilirubin
- color
- protein
- sediment
- pH
- specific gravity
- ketones
- appearance

Urologic Case Study

Correct diagnosis is d.



PRONUNCIATION OF TERMS

To test your understanding of the terminology in this chapter, write the meaning of each term in the space provided. In addition, you may wish to cover the terms and write them by looking at your definitions. Make sure your spelling is correct. The page number after each term indicates where it is defined or used in the book, so you can easily check your responses. You will find complete definitions for all of these terms and audio pronunciations on the Evolve website.

Pronunciation Guide

ā as in āpe	ă as in ăpple
ē as in ēven	ě as in ěvery
ī as in īce	ĩ as in ĩnterest
ō as in ōpen	ő as in pőt
ū as in ūnit	ű as in űnder

TERM	PRONUNCIATION	MEANING
acetone (229)	ĂS-ě-tōn	_____
albuminuria (226)	ăl-bū-mĭn-Ū-rē-ă	_____
antidiuretic hormone (227)	ăn-tĭ-dĭ-ŭ-RĚ-tĭk HÖR-mōn	_____
anuria (227)	ăn-Ū-rē-ă	_____
arteriole (221)	ăr-TĚR-ē-ōl	_____
azotemia (226)	ă-zō-TĚ-mē-ă	_____
bacteriuria (226)	băk-tē-rē-Ū-rē-ă	_____
calciferol (221)	căl-SĬ-fēr-ōl	_____
caliceal (223)	kā-lĭ-SĚ-ăl	_____
caliectasis (223)	kā-lē-ĚK-tă-sĭs	_____
calyx (calix); <i>plural</i> : calyces (calices) (221)	KĀ-liks; KĀ-lĭ-sēz	_____
catheter (221)	KĂ-thē-tēr	_____
cortex (221)	KÖR-tĕks	_____
cortical (221)	KÖR-tĭ-kăl	_____
creatinine (221)	krē-ĂT-ĭ-nĕn	_____
creatinine clearance (232)	krē-ĂT-ĭ-nĕn KLĚR-ăns	_____
CT urography (232)	CT ū-RÖG-ră-fē	_____
cystectomy (223)	sĭs-TĚK-tō-mē	_____
cystitis (223)	sĭs-TĬ-tĭs	_____
cystoscopy (233)	sĭs-TÖS-kō-pē	_____
cystostomy (223)	sĭs-TÖS-tō-mē	_____
diabetes insipidus (231)	dĭ-ă-BĚ-tēz ĩn-SĬP-ĭ-dŭs	_____
diabetes mellitus (231)	dĭ-ă-BĚ-tēz MĚL-ĭ-tŭs	_____

TERM	PRONUNCIATION	MEANING
diuresis (227)	dī-ūr-RĒ-sīs	
dysuria (227)	dīs-Ū-rē-ă	
edema (230)	ě-DĒ-mă	
electrolyte (221)	ē-LĚK-trō-lit	
enuresis (227)	ěn-ū-RĒ-sīs	
erythropoietin (221)	ě-rīth-rō-PŌY-ě-tīn	
essential hypertension (231)	ē-SĚN-shŭl hī-pěr-TĚN-shŭn	
filtration (221)	fīl-TRĀ-shŭn	
glomerular capsule (221)	glō-MĚR-ū-lăr KĀP-sŭl	
glomerulonephritis (229)	glō-měr-ū-lō-ně-FRĪ-tīs	
glomerulus; <i>plural</i> : glomeruli (221)	glō-MĚR-ū-lŭs; glō-MĚR-ū-lī	
glycosuria (227)	glī-kōs-Ū-rē-ă	
hematuria (227)	hēm-ă-TŪ-rē-ă	
hemodialysis (234)	hē-mō-dī-ĀL-ī-sīs	
hilum (221)	HĪ-lŭm	
hydronephrosis (224)	hī-drō-ně-FRŌ-sīs	
hyperkalemia (226)	hī-pěr-kă-LĚ-mē-ă	
hyponatremia (226)	hī-pō-nă-TRĚ-mē-ă	
interstitial nephritis (229)	īn-těr-STĪ-shŭl ně-FRĪ-tīs	
intravesical (226)	īn-tră-VĚS-ī-kăl	
ketonuria (226)	kē-tōn-Ū-rē-ă	
ketosis (226)	kē-TŌ-sīs	
kidney (222)	KĪD-nē	
lithotripsy (234)	LĪTH-ō-trīp-sē	
meatal stenosis (223)	mē-Ā-tăl stě-NŌ-sīs	
meatus (222)	mē-Ā-tŭs	
medulla (222)	mě-DŪL-ă <i>or</i> mě-DŪL-ă	
medullary (222)	MĚD-ū-lăr-ē	
MRI urography (233)	MRI ū-RŎG-ră-fē	
nephrolithiasis (230)	něf-rō-lī-THĪ-ă-sīs	

TERM	PRONUNCIATION	MEANING
nephrolithotomy (224)	něf-rō-lī-THÖT-ō-mē	_____
nephron (222)	NĚF-rōn	_____
nephropathy (223)	ně-FRÖ-pă-thē	_____
nephroptosis (224)	ně-röp-TÖ-sīs	_____
nephrostomy (224)	ně-FRÖS-tō-mē	_____
nephrotic syndrome (230)	ně-FRÖT-ik SĪN-drōm	_____
nitrogenous waste (222)	nī-TRÖJ-ě-nūs wāst	_____
nocturia (226)	nök-TŪ-rē-ă	_____
oliguria (226)	öl-ī-GŪ-rē-ă	_____
parenchyma (230)	păr-ĚN-kī-mă	_____
paranephric (224)	pă-ră-NĚF-rĭk	_____
peritoneal dialysis (234)	pěr-ī-tō-NĚ-ăl dī-ĀL-ī-sīs	_____
phenylketonuria (229)	fē-nīl-kē-tōn-ŪR-ē-ă	_____
polycystic kidney disease (230)	pöl-ē-SĪS-tĭk KĪD-nē dī-ZĚZ	_____
polydipsia (226)	pöl-ē-DĪP-sē-ă	_____
polyuria (227)	pöl-ē-Ū-rē-ă	_____
potassium (222)	pō-TĀ-sē-ŭm	_____
pyelolithotomy (225)	pī-ě-lō-lī-THÖT-ō-mē	_____
pyelonephritis (230)	pī-ě-lō-něf-RĪ-tīs	_____
pyuria (227)	pī-Ū-rē-ă	_____
reabsorption (222)	rē-ăb-SÖRP-shŭn	_____
renal angiography (232)	RĚ-năl ăn-jē-ÖG-ră-fē	_____
renal angioplasty (235)	RĚ-năl ĂN-jē-ō-plăs-tē	_____
renal artery (222)	RĚ-năl ĂR-tě-rē	_____
renal calculi (230)	RĚ-năl KĀL-kū-lī	_____
renal cell carcinoma (230)	RĚ-năl sěl kăr-sī-NŌ-mă	_____
renal colic (225)	RĚ-năl KÖL-ĭk	_____
renal failure (231)	RĚ-năl FĀL-ŭr	_____
renal hypertension (231)	RĚ-năl hī-pěr-TĚN-shŭn	_____
renal ischemia (225)	RĚ-năl ĩs-KĚ-mē-ă	_____
renal pelvis (222)	RĚ-năl PĚL-vīs	_____

TERM	PRONUNCIATION	MEANING
renal transplantation (236)	RĒ-nāl trāns-plān-TĀ-shŭn	_____
renal tubule (222)	RĒ-nāl Tōō-bŭl	_____
renal vein (222)	RĒ-nāl vān	_____
renin (222)	RĒ-nĭn	_____
retrograde pyelogram (233)	RĔ-trō-grād PĪ-ě-lō-grām	_____
secondary hypertension (231)	SĔ-kōn-dā-rē hĭ-pĕr-TĔN-shŭn	_____
sodium (222)	SŌ-dē-ŭm	_____
stricture (225)	STRĪK-shŭr	_____
trigone (222)	TRĪ-gōn	_____
trigonitis (225)	trĭ-gō-NĪ-tĭs	_____
urea (222)	ū-RĒ-ă	_____
uremia (227)	ū-RĒ-mē-ă	_____
ureter (222)	ū-RĒ-tĕr <i>or</i> ŪR-ě-tĕr	_____
ureteroileostomy (225)	ū-rē-tĕr-ō-ĭl-ē-ŌS-tō-mē	_____
ureteroneocystostomy (236)	ū-rē-tĕr-ō-nē-ō-sĭs-TŌS-tō-mē	_____
ureteroplasty (225)	ū-rē-tĕr-ō-PLĀS-tē	_____
urethra (222)	ū-RĒ-thră	_____
urethral stricture (225)	ū-RĒ-thrăl STRĪK-shŭr	_____
urethritis (225)	ū-rē-THRĪ-tĭs	_____
urethroplasty (225)	ū-rē-thrō-PLĀS-tē	_____
uric acid (222)	Ū-rĭk ĀS-ĭd	_____
urinalysis (228)	ū-rĭn-ĀL-ĭ-sĭs	_____
urinary bladder (222)	ŪR-ĭ-nār-ē BLĀ-dĕr	_____
urinary catheterization (236)	ŪR-ĭ-nār-ē kă-thĕ-tĕr-ĭ-ZĀ-shŭn	_____
urinary incontinence (227)	ŪR-ĭ-nār-ē ĩn-KŌN-tĭ-nĕns	_____
urinary retention (227)	ŪR-ĭ-nār-ē rē-TĔN-shŭn	_____
urination (222)	ūr-ĭ-NĀ-shŭn	_____
vesicoureteral reflux (226)	vĕs-ĭ-kō-ū-RĒ-tĕr-ăl RĒ-flŭks	_____
voiding (222)	VOY-dĭng	_____
voiding cystourethrogram (233)	VOY-dĭng sĭs-tō-ū-RĒ-thrō-grām	_____
Wilms tumor (231)	wĭlmz Tōō-mŭr	_____



REVIEW SHEET

Write the meanings of the combining forms, suffixes, and prefixes in the spaces provided. Check your answers with the information in the chapter or in the Glossary (Medical Word Parts—English) at the end of this book.

Combining Forms

COMBINING FORM	MEANING	COMBINING FORM	MEANING
albumin/o	_____	meat/o	_____
angi/o	_____	natr/o	_____
azot/o	_____	necr/o	_____
bacteri/o	_____	nephr/o	_____
cali/o	_____	noct/o	_____
calic/o	_____	olig/o	_____
cyst/o	_____	py/o	_____
dips/o	_____	pyel/o	_____
glomerul/o	_____	ren/o	_____
glycos/o	_____	trigon/o	_____
hydr/o	_____	ur/o	_____
isch/o	_____	ureter/o	_____
kal/o	_____	urethr/o	_____
ket/o	_____	urin/o	_____
keton/o	_____	vesic/o	_____
lith/o	_____		

Suffixes

SUFFIX	MEANING	SUFFIX	MEANING
-ectasis	_____	-pathy	_____
-ectomy	_____	-plasty	_____
-emia	_____	-poietin	_____
-esis	_____	-ptosis	_____
-gram	_____	-rrhea	_____
-lithiasis	_____	-sclerosis	_____
-lithotomy	_____	-stenosis	_____
-lysis	_____	-stomy	_____
-megaly	_____	-tomy	_____
-ole	_____	-tripsy	_____
-osis	_____	-uria	_____

Prefixes

PREFIX	MEANING	PREFIX	MEANING
a-, an-	_____	hypo-	_____
anti-	_____	peri-	_____
dia-	_____	poly-	_____
dys-	_____	retro-	_____
en-	_____		

Anatomic Terms

Match the locations/functions in Column I with the urinary system structures in Column II. Write the number of the correct structure in the blanks provided.

COLUMN I		COLUMN II
Tiny structure surrounding each glomerulus; receives filtered materials from blood.	_____	1. urethra
Tubes carrying urine from kidney to urinary bladder.	_____	2. cortex
Tubules leading from the glomerular capsule. Urine is formed there as water, sugar, and salts are reabsorbed into the bloodstream.	_____	3. glomerular capsule
Inner (middle) region of the kidney.	_____	4. calices
Muscular sac that serves as a reservoir for urine.	_____	5. renal pelvis
Cup-like divisions of the renal pelvis that receive urine from the renal tubules.	_____	6. glomerulus
Tube carrying urine from the bladder to the outside of the body.	_____	7. medulla
Central urine-collecting basin in the kidney that narrows into the ureter.	_____	8. renal tubules
Collection of capillaries through which materials from the blood are filtered into the glomerular capsule.	_____	9. urinary bladder
Outer region of the kidney.	_____	10. ureters

Give the medical terms for the following conditions related to urine or substances in urine.

1. sugar in urine _____
2. protein in urine _____
3. painful urination _____
4. scanty urination _____
5. bacteria in urine _____
6. excessive urination _____
7. blood in urine _____
8. ketones in urine _____
9. absence of urination _____
10. pus in urine _____
11. excessive urination at night _____

 Please visit the Evolve website for additional exercises, games, and images related to this chapter.

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CHAPTER 8

Female Reproductive System

This chapter is divided into the following sections:

Introduction, 258

Organs of the Female Reproductive System, 258

Menstruation and Pregnancy, 262

Vocabulary, 266

Terminology, 268

Pathology: Gynecologic, Breast, Pregnancy, and Neonatal, 274

Clinical Tests and Procedures, 282

Abbreviations, 288

Practical Applications, 289

In Person: Stereotactic Needle Biopsy, 291

Exercises, 292

Answers to Exercises, 300

Pronunciation of Terms, 303

Review Sheet, 309

CHAPTER GOALS

- Name and locate female reproductive organs and learn their combining forms.
- Explain how these organs and their hormones function in the normal processes of ovulation, menstruation, and pregnancy.
- Identify abnormal conditions of the female reproductive system and of the newborn.
- Describe important laboratory tests and clinical procedures used in gynecology and obstetrics, and recognize related abbreviations.
- Apply your new knowledge to understanding medical terms in their proper contexts, such as medical reports and records.

INTRODUCTION

Sexual reproduction is the union of the nuclei of the **ovum** (the female sex cell) and the **sperm** cell (the male sex cell) that results in the creation of an embryo. The ovum and the sperm cell are specialized cells that differ from normal body cells. Each sex cell, known as a **gamete**, contains exactly half the number of chromosomes of a normal body cell. When the nuclei of ovum and sperm cell unite, the cell produced receives half of its genetic material from its female parent and half from its male parent; thus, it contains a full, normal complement of hereditary material.

Special organs called **gonads** in males and females produce the egg and sperm cells. The female gonads are the **ovaries**, and the male gonads are the **testes**. After an ovum leaves the ovary, it travels down one of two **fallopian tubes** leading to the **uterus** (womb). If **coitus** (copulation, sexual intercourse) has occurred and sperm cells travel into the fallopian tube, they can penetrate the ovum. This is **fertilization**. The fertilized ovum is then known as a **zygote**. After many cell divisions, a ball of cells forms, and the zygote is called an **embryo** (2 to 8 weeks) and finally a **fetus** (8 to 38 or 40 weeks). The period of development within the uterus is **gestation**, or **pregnancy**.

The female reproductive system consists of organs that produce **ova** and provide a place for the growth of the embryo. In addition, the female reproductive organs supply important hormones that contribute to the development of female secondary sex characteristics (body hair, breast development, structural changes in bones and fat).

The eggs, or ova, are present from birth in the female ovary but begin to mature and are released from the ovary in a 21- to 28-day cycle when secondary sex characteristics develop. The occurrence of the first cycle is called **menarche**. Menstrual cycles continue until **menopause**, when all eggs have been released, hormone production diminishes, and menstruation ends. If fertilization occurs during the years between menarche and menopause, the fertilized egg may grow and develop within the uterus. A new, blood vessel-rich **organ** called a **placenta** (connected to the embryo by the umbilical cord) develops to nourish the embryo, which implants in the uterine lining. Various hormones are secreted from the ovary and from the placenta to stimulate the expansion of the placenta. If fertilization does not occur, hormone changes result in shedding of the uterine lining, and bleeding, or **menstruation**, occurs.

The hormones of the ovaries, **estrogen** and **progesterone**, play important roles in the processes of menstruation and pregnancy, and in the development of secondary sex characteristics. The **pituitary gland**, located at the base of the brain, secretes other hormones that govern the reproductive functions of the ovaries, breasts, and uterus.

Gynecology is the study of the female reproductive system (organs, hormones, and diseases); **obstetrics** (Latin *obstetrix* means midwife) is a specialty concerned with pregnancy and the delivery of the fetus; and **neonatology** is the study of the care and treatment of the newborn.

ORGANS OF THE FEMALE REPRODUCTIVE SYSTEM

UTERUS, OVARIES, AND ASSOCIATED ORGANS

Label Figures 8-1 and 8-3 as you read the following description of the female reproductive system.

Figure 8-1 shows a side view of the female reproductive organs and their relationship to the other organs in the pelvic cavity. The **ovaries** [1] (only one ovary is shown in this lateral view) are a pair of small almond-shaped organs located in the pelvis. The **fallopian tubes** [2] (only one is shown in this view) lead from each ovary to the **uterus** [3], which is a

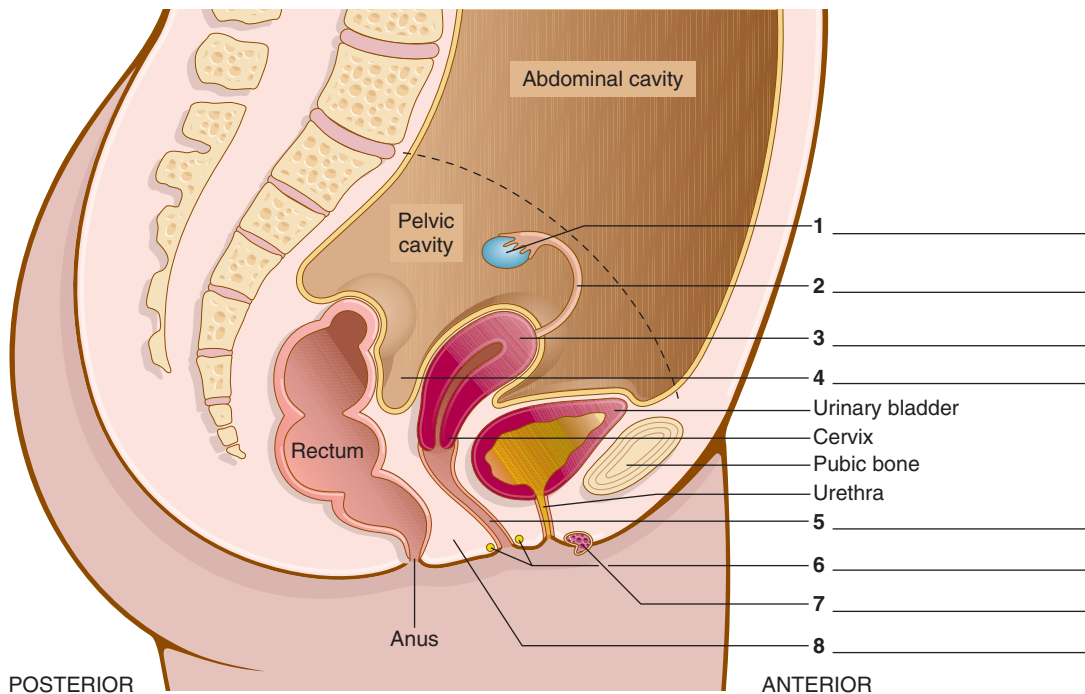


FIGURE 8-1 Organs of the female reproductive system, lateral view.

fibromuscular organ situated between the urinary bladder and the rectum. The uterus (womb) normally is the size and shape of a pear and is about 3 inches long in a nonpregnant woman. Midway between the uterus and the rectum is a region in the abdominal cavity known as the **cul-de-sac** [4].

The **vagina** [5], a tubular structure, extends from the uterus to the exterior of the body. **Bartholin glands** [6] are two small, rounded glands on either side of the vaginal orifice. These glands produce a mucous secretion that lubricates the vagina. The **clitoris** [7] is an organ of sensitive, erectile tissue located anterior to the vaginal orifice and in front of the urethral meatus. The region between the vaginal orifice and the anus is the **perineum** [8].

The external genitalia of the female are collectively called the **vulva**. Figure 8-2 shows the various structures that are part of the vulva. The **labia majora**, the outer lips of the vagina, surround the smaller, inner lips, the **labia minora**. The **hymen**, a thin membrane partially covering the entrance to the vagina, is broken apart during the first episode of intercourse. The clitoris and Bartholin glands also are parts of the vulva.

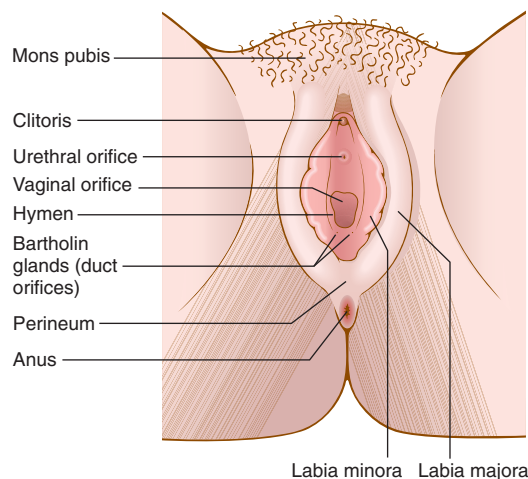


FIGURE 8-2 Female external genitalia (vulva). The mons pubis (Latin *mons*, mountain) is a pad of tissue overlying the pubic symphysis. After puberty it is covered with pubic hair.

Figure 8-3 shows an anterior view of the female reproductive system. Each **ovary** [1] is held in place on either side of the uterus by a **utero-ovarian ligament** [2].

Within each ovary are thousands of small sacs—the **ovarian follicles** [3]. Each follicle contains an **ovum** [4]. During **ovulation**, an ovum matures; its follicle ruptures through the surface and releases the ovum from the ovary. A ruptured follicle fills with a yellow, fat-like material. It is then called the **corpus luteum** [5], meaning yellow body. The corpus luteum secretes hormones (both estrogen and progesterone) that maintain the very first stages of pregnancy.

A **fallopian tube** [6] is about 5½ inches long and lies near each ovary. Collectively, the fallopian tubes, ovaries, and supporting ligaments are the **adnexae** (accessory structures) of the uterus. The finger-like ends of the fallopian tube are the **fimbriae** [7]. They catch the egg after its release from the ovary. **Cilia** (small hairs) line the fallopian tube and, through their motion, sweep the ovum along. It usually takes the ovum about 2 to 3 days to pass through the fallopian tube.

If sperm cells are present in the fallopian tube, fertilization may occur (Figure 8-4). If sperm cells are not present, the ovum remains unfertilized and eventually disintegrates.

The fallopian tubes, one on each side, lead into the **uterus** [8], a pear-shaped organ with muscular walls and a mucous membrane lining filled with a rich supply of blood vessels. The rounded upper portion of the uterus is the **fundus**, and the larger, central section is the **corpus** (body of the organ). The inner layer, a specialized epithelial mucosa of the uterus is the **endometrium** [9]; the middle, muscular layer of the uterine wall is the **myometrium** [10]; and the outer, membranous tissue layer is the **uterine serosa** [11], a lining that produces a watery, serum-like secretion. The outermost layer of an organ in the abdomen or thorax is known as a serosa.

The narrow, lowermost portion of the uterus is the **cervix** [12] (Latin *cervix* means neck). The cervical opening leads into a 3-inch-long muscular, mucosa-lined canal called the **vagina** [13], which opens to the outside of the body.

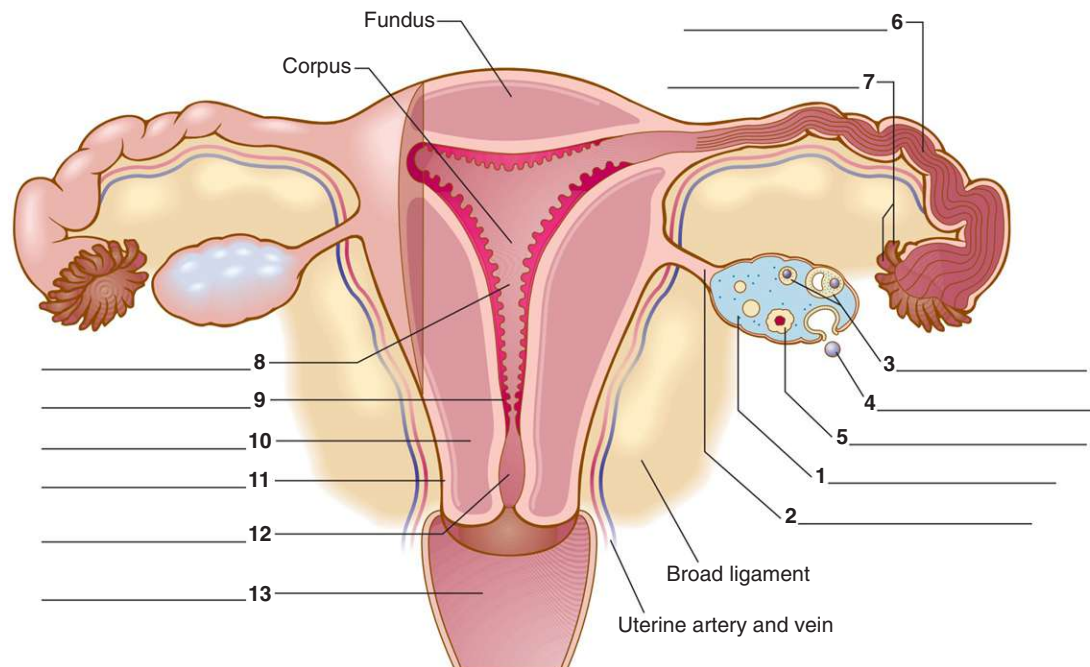


FIGURE 8-3 Organs of the female reproductive system, anterior view.

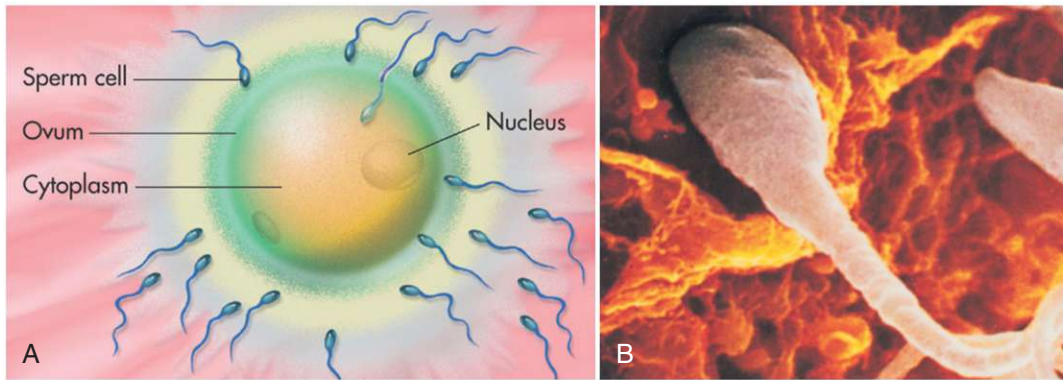


FIGURE 8-4 Fertilization.

THE BREAST (ACCESSORY ORGAN OF REPRODUCTION)

Label Figure 8-5 as you read the following description of breast structures.

The breasts, located on the upper anterior region of the chest, are composed mostly of **mammary glands**. The **glandular tissue** [1] contains milk glands or lobules that develop in response to hormones from the ovaries during puberty. The breasts also contain **fibrous** and **fatty tissue** [2], special **lactiferous** (milk-carrying) **ducts** [3], and **sinuses** (cavities) [4] that carry milk to the nipple, which has small openings for the ducts to release their milk. The breast nipple is the **mammary papilla** [5], and the dark pigmented area around the mammary papilla is the **areola** [6].

During pregnancy the hormones from the ovaries and the placenta stimulate glandular and other tissues in the breasts to their full development. After **parturition** (giving birth), hormones from the pituitary gland stimulate the normal secretion of milk (**lactation**).

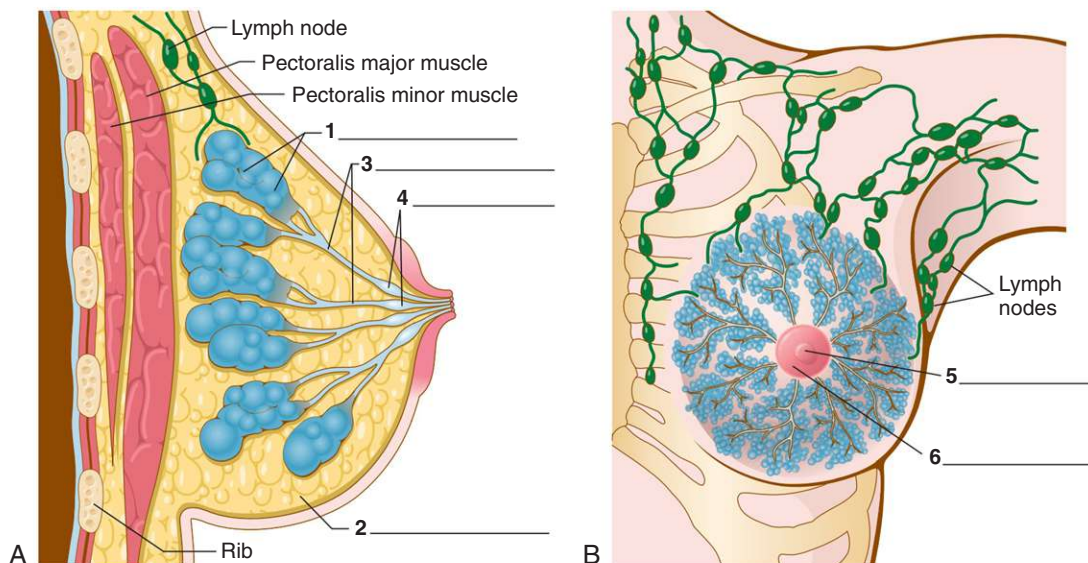


FIGURE 8-5 Views of the breast. **A**, Sagittal. **B**, Frontal. Notice the numerous lymph nodes.

MENSTRUATION AND PREGNANCY

MENSTRUAL CYCLE (FIGURE 8-6)

Menarche, or onset of menstruation with the first menstrual cycle, occurs at the time of puberty. An average menstrual cycle lasts for 28 days but may be shorter or longer, and cycles may be irregular in length. These days can be divided into four time periods, useful in describing the events of the cycle. The approximate time periods are as follows:

Days 1 to 5 (menstrual period)

Discharge of bloody fluid containing disintegrated endometrial cells, glandular secretions, and blood cells.

Days 6 to 12

After bleeding ceases, the endometrium begins to repair itself. The maturing follicle in the ovary releases **estrogen**, which aids in the repair. The ovum grows in the follicle during this period.

Days 13 and 14 (ovulatory period)

On about the 14th day of the cycle, the follicle ruptures and the egg leaves the ovary (**ovulation**), passing through the fallopian tube.

Days 15 to 28

The empty follicle fills with a yellow material and becomes the **corpus luteum**. The corpus luteum functions as an endocrine organ and secretes the hormone **progesterone** into the bloodstream. This hormone stimulates the building up of the lining of the uterus in anticipation of fertilization of the egg and pregnancy.

If fertilization does *not* occur, the corpus luteum in the ovary stops producing progesterone and regresses. At this time, lowered levels of progesterone and estrogen probably are responsible for some women's symptoms of depression, breast tenderness, and irritability before menstruation. The combination of these symptoms is known as **premenstrual syndrome (PMS)**. After 2 days of decrease in hormones, the uterine endometrium breaks down, and the menstrual period begins (days 1 to 5).

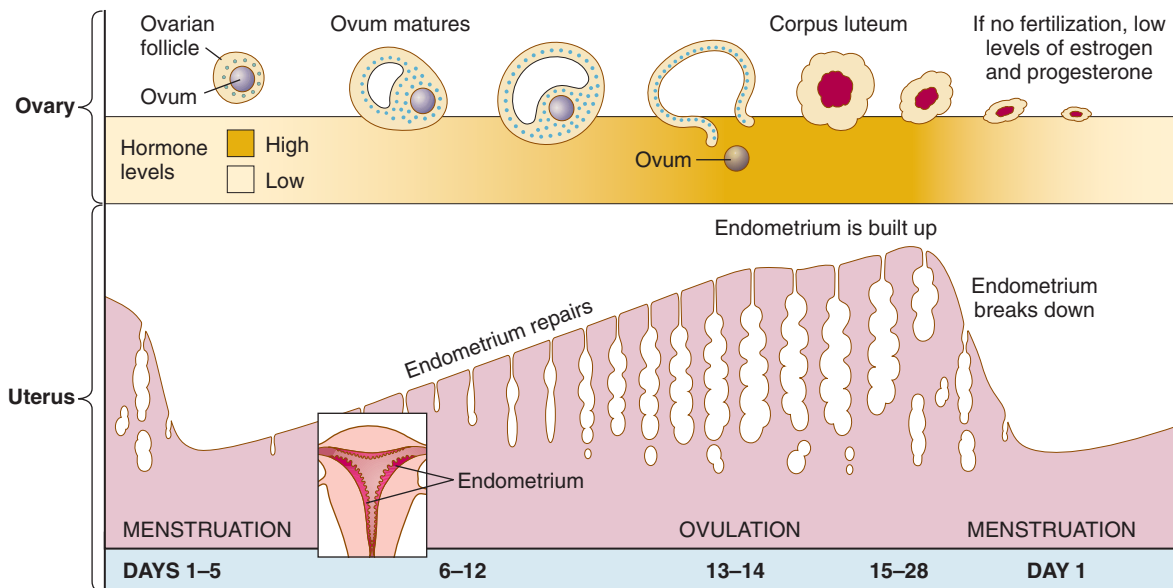


FIGURE 8-6 The menstrual cycle. *Tip:* Don't try to memorize this figure. Just get the big picture! In the **ovary**, as the ovum matures, hormone levels rise, culminating in ovulation (days 13 and 14). At the same time, in the **uterus** the endometrium is building up in anticipation of pregnancy. If pregnancy does not occur, hormone levels drop and **menstruation** begins.

Note: Cycles vary in length, ranging from 21 to 42 days or longer. Ovulation typically occurs 14 days before the end of the cycle. A woman with a 42-day cycle ovulates on day 28, whereas a woman with a 21-day cycle ovulates on day 7.

PREGNANCY

If fertilization does occur in the fallopian tube, the fertilized egg travels to the uterus and implants in the uterine endometrium. The corpus luteum in the ovary continues to produce progesterone and estrogen. These hormones support the vascular and glandular development of the uterine lining.

The **placenta**, a vascular organ, now forms, attached to the uterine wall. The placenta is derived from maternal endometrium and from the **chorion**, the outermost membrane that surrounds the developing embryo. The **amnion**, the innermost of the embryonic membranes, holds the fetus suspended in an amniotic cavity surrounded by a fluid called the **amniotic fluid**. The amnion with its fluid is also known as the “bag of waters” or amniotic sac, which ruptures (breaks) during labor.

The maternal blood and the fetal blood never mix during pregnancy, but important nutrients, oxygen, and wastes are exchanged as the blood vessels of the fetus (coming from the umbilical cord) lie side by side with the mother’s blood vessels in the placenta. Figure 8-7A and B shows implantation in the uterus and the embryo’s relationship to the placenta and enveloping membranes (chorion and amnion).

As the placenta develops in the uterus, it produces its own hormone, **human chorionic gonadotropin (hCG)**. When women test their urine with a pregnancy test kit, presence or absence of hCG confirms or rules out that they are pregnant. This hormone stimulates the corpus luteum to continue producing hormones until about the third month of pregnancy, when the placenta takes over the endocrine function and releases estrogen and progesterone. Progesterone maintains the development of the placenta. Low levels of progesterone can lead to spontaneous abortion in pregnant women and menstrual irregularities in nonpregnant women.

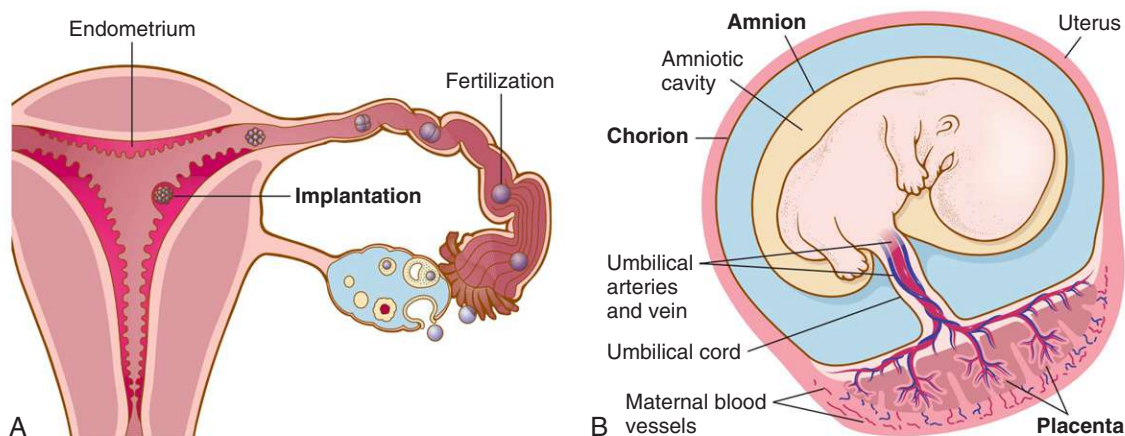


FIGURE 8-7 A, Implantation of the embryo in the endometrium. B, The placenta, chorion, and amnion membranes.

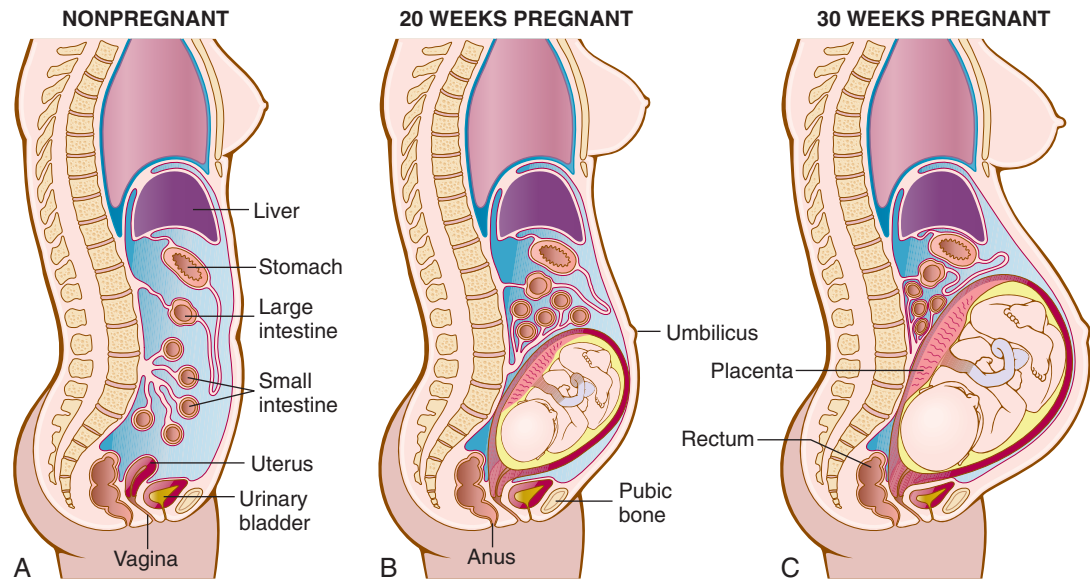


FIGURE 8-8 The growing uterus changes the pelvic anatomy during pregnancy, as shown here in sagittal section: **A**, nonpregnant woman, **B**, 20 weeks pregnant, **C**, 30 weeks pregnant.

The uterus normally lies within the pelvis. During pregnancy the uterus expands as the fetus grows, and the superior part rises out of the pelvic cavity to become an abdominal organ. By about 28 to 30 weeks, it occupies a large part of the abdominopelvic cavity and reaches the epigastric region (Figure 8-8).

The onset of true labor is marked by rhythmic contractions, dilation and thinning (effacement) of the cervix, and a discharge of bloody mucus from the cervix and vagina (the “show”). In a normal delivery position, the baby’s head appears first (cephalic presentation). After vaginal delivery of the baby, the placenta follows, and the umbilical cord is cut (Figure 8-9). Figures 8-10A and B are photographs of a newborn and the placenta with attached cord, minutes after birth. The expelled placenta is the **afterbirth**.

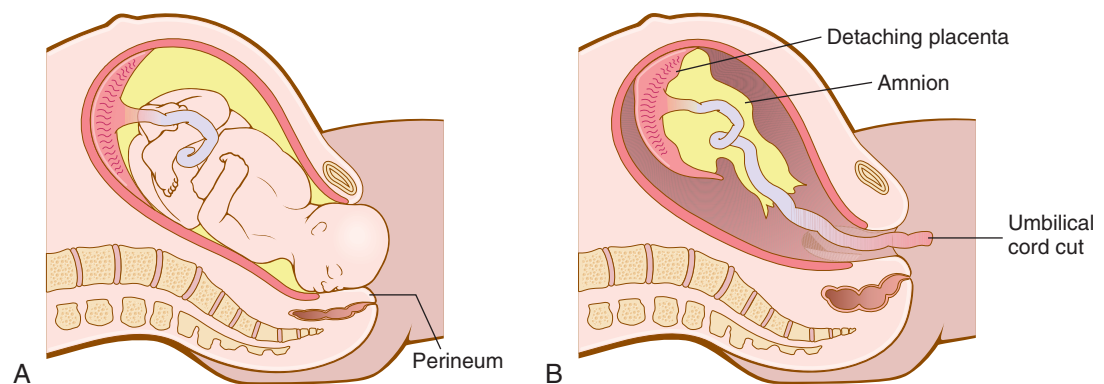


FIGURE 8-9 **A**, Cephalic presentation (“crowning”) of the fetus during delivery from the vaginal (birth) canal. **B**, Usually within 15 minutes after parturition (birth), the placenta separates from the uterine wall. Forceful contractions expel the placenta and attached membranes, now called the **afterbirth**. The three phases of labor are (1) dilation of the cervix, (2) expulsion or birth of the infant, and (3) delivery of the placenta.

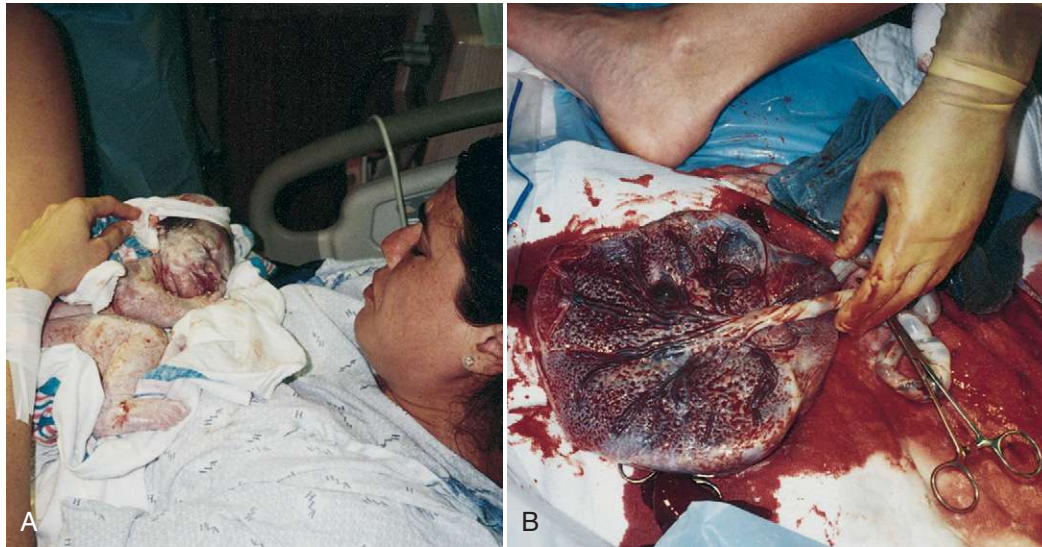


FIGURE 8-10 A, My newborn granddaughter, Beatrix Bess (Bebe) Thompson, and her mother, Dr. Elizabeth Chabner Thompson, minutes after Bebe's birth. Notice that Bebe's skin is covered with **vernix caseosa**, a mixture of a fatty secretion from fetal sebaceous (oil) glands and dead skin. The vernix protects the fetus's delicate skin from abrasions, chapping, and hardening as a result of being bathed in amniotic fluid. B, The **placenta and umbilical cord** just after expulsion from the uterus.

HORMONAL INTERACTIONS

The events of menstruation and pregnancy depend on hormones not only from the ovaries (estrogen and progesterone) but also from the **pituitary gland**. The pituitary gland secretes **follicle-stimulating hormone (FSH)** and **luteinizing hormone (LH)** after the onset of menstruation. As their levels rise in the bloodstream, FSH and LH stimulate maturation of the ovum and ovulation. After ovulation, LH in particular influences the maintenance of the corpus luteum and its production of estrogen and progesterone.

During pregnancy, the high levels of estrogen and progesterone from the ovary and placenta cause the pituitary gland to stop producing FSH and LH. Therefore, while a woman is pregnant, additional eggs do not mature and ovulation cannot occur. Oral contraceptives (birth control pills) work in the same way. 🌈

Another female birth control method is an **IUD (intrauterine device)**. A physician inserts the IUD, a small device designed to remain inside the uterus. It works by preventing implantation of the embryo. Birth control pills and an IUD do not protect a woman against sexually transmitted disease or HIV infection. See page 290 for a table of contraceptive choices and their features.

When all of the ova are released and secretion of estrogen from the ovaries lessens, **menopause** begins. Menopause signals the gradual ending of the menstrual cycle. Premature menopause occurs before age 45, whereas delayed menopause occurs after age 55. Artificial menopause occurs if the ovaries are removed by surgery or made nonfunctional as a result of radiation therapy or some forms of chemotherapy.



How do birth control pills work?

Birth control pills contain a combination of estrogen and progesterone. When taken as directed, they increase the levels of these hormones in your bloodstream. High levels of estrogen and progesterone send a signal to the pituitary gland to shut down its secretion of follicle-stimulating hormone (FSH) and luteinizing hormone (LH). When these hormones are blocked, the ovaries will NOT release eggs and pregnancy cannot occur! During pregnancy, levels of estrogen and progesterone are ALSO high, and the ovaries will not release eggs then either! So, birth control pills effectively fool the body into "thinking" that you are pregnant and your ovaries stop producing eggs.

During menopause, when estrogen levels fall, the most common signs and symptoms are hot flashes (temperature regulation in the brain is disturbed), insomnia, and vaginal atrophy (lining of the vagina dries and thins, predisposing the affected woman to irritation and discomfort during sexual intercourse). **Hormone replacement therapy (HRT)**, given orally or as a transdermal patch or vaginal ring, relieves these symptoms of menopause and delays the development of weak bones (osteoporosis). HRT use may be associated with an increased risk of breast cancer, endometrial cancer, stroke, or heart attack. This therapy should be used only after careful consideration of potential risks and benefits.



VOCABULARY

The following list reviews many of the new terms introduced in the text. Short definitions reinforce your understanding of the terms.

adnexae uteri	Fallopian tubes, ovaries, and supporting ligaments.
amnion	Innermost membranous sac surrounding the developing fetus.
areola	Dark-pigmented area surrounding the breast nipple.
Bartholin glands	Small mucus-secreting exocrine glands at the vaginal orifice (opening to outside of the body). Caspar Bartholin was a Danish anatomist, who described the glands in 1637.
cervix	Lower, neck-like portion of the uterus.
chorion	Outermost layer of the two membranes surrounding the embryo; it forms the fetal part of the placenta.
clitoris	Organ of sensitive erectile tissue anterior to the opening of the female urethra.
coitus	Sexual intercourse; copulation. Pronunciation is KŌ-ĩ-tus.
corpus luteum	Empty ovarian follicle that secretes progesterone after release of the egg cell; literally means yellow (luteum) body (corpus).
cul-de-sac	Region in the lower abdomen, midway between the rectum and the uterus.
embryo	Stage in prenatal development from 2 to 8 weeks.
endometrium	Inner, mucous membrane lining of the uterus.
estrogen	Hormone produced by the ovaries; promotes female secondary sex characteristics.
fallopian tube	One of a pair of ducts through which the ovum travels to the uterus; also called an oviduct . The tubes were named for Gabriello Fallopi, an Italian anatomist.
fertilization	Union of the sperm cell and ovum from which the embryo develops.
fetus	Stage in prenatal development from 8 to 39 or 40 weeks.
fimbriae (<i>singular: fimbria</i>)	Finger- or fringe-like projections at the end of the fallopian tubes.
follicle-stimulating hormone (FSH)	Secreted by the pituitary gland to stimulate maturation of the egg cell (ovum).
gamete	Male or female sexual reproductive cell; sperm cell or ovum.

genitalia	Reproductive organs; also called genitals.
gestation	Period from fertilization of the ovum to birth.
gonad	Female or male reproductive organ that produces sex cells and hormones; ovary or testis.
gynecology	Study of the female reproductive organs including the breasts.
human chorionic gonadotropin (hCG)	Hormone produced by the placenta to sustain pregnancy by stimulating (-trophin) the ovaries to produce estrogen and progesterone.
hymen	Mucous membrane partially or completely covering the opening to the vagina.
labia	Lips of the vagina; labia majora are the larger, outermost lips, and labia minora are the smaller, innermost lips.
lactiferous ducts	Tubes that carry milk within the breast.
luteinizing hormone (LH)	Secreted by the pituitary gland to promote ovulation.
mammary papilla	Nipple of the breast. A papilla is any small nipple-shaped projection.
menarche	Beginning of the first menstrual period and ability to reproduce.
menopause	Gradual ending of menstruation.
menstruation	Monthly shedding of the uterine lining. The flow of blood and tissue normally discharged during menstruation is called the menses (Latin <i>mensis</i> means month).
myometrium	Muscle layer of the uterus.
neonatology	Branch of medicine that studies the disorders and care of the newborn (neonate).
obstetrics	Branch of medicine concerned with pregnancy and childbirth.
orifice	An opening.
ovarian follicle	Developing sac enclosing each ovum within the ovary. Only about 400 of these sacs mature in a woman's lifetime.
ovary	One of a pair of female organs (gonads) on each side of the pelvis. Ovaries are almond-shaped, about the size of large walnuts, and produce egg cells (ova) and hormones.
ovulation	Release of the ovum from the ovary.
ovum (plural: ova)	Mature egg cell (female gamete). Ova develop from immature egg cells called oocytes.
parturition	Act of giving birth.
perineum	In females, the area between the anus and the vagina.
pituitary gland	Endocrine gland at the base of the brain. It produces hormones that stimulate the ovaries. The pituitary gland also regulates other endocrine organs.
placenta	Vascular organ attached to the uterine wall during pregnancy. It permits the exchange of oxygen, nutrients, and fetal waste products between mother and fetus.
pregnancy	Condition in a female of having a developing embryo and fetus in her uterus for about 40 weeks.

progesterone	Hormone produced by the corpus luteum in the ovary and the placenta of pregnant women.
puberty	Point in the life cycle at which secondary sex characteristics appear and gametes are produced.
uterine serosa	Outermost layer surrounding the uterus.
uterus	Hollow, pear-shaped muscular female organ in which the embryo and fetus develop, and from which menstruation occurs. The upper portion is the fundus; the middle portion is the corpus; and the lowermost, neck-like portion is the cervix (see Figure 8-3, page 260).
vagina	Muscular, mucosa-lined canal extending from the uterus to the exterior of the body.
vulva	External female genitalia; includes the labia, hymen, clitoris, and vaginal orifice.
zygote	Stage in prenatal development from fertilization and implantation up to 2 weeks.



TERMINOLOGY

Write the meanings of the medical terms in the spaces provided.

COMBINING FORMS

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
amni/o	amnion	<u>amni</u> ocentesis _____ <u>amni</u> otic fluid _____ <i>Produced by fetal membranes and the fetus.</i>	
bartholin/o	Bartholin gland	<u>bartholin</u> itis _____ <i>A Bartholin cyst is a fluid-filled sac caused by blockage of a duct from the Bartholin gland. If bacterial infection occurs, an abscess may form.</i>	
cervic/o	cervix, neck	endoc <u>cervic</u> itis _____	
chori/o, chorion/o	chorion	<u>chorion</u> ic _____	
colp/o	vagina	<u>colp</u> oscopy _____	
culd/o	cul-de-sac	<u>culd</u> ocentesis _____ <i>A needle is placed through the posterior wall of the vagina and fluid is withdrawn for diagnostic purposes.</i>	
episi/o	vulva	<u>episi</u> otomy _____ <i>An incision through the skin of the perineum enlarges the vaginal orifice for delivery. The incision is repaired by perineorrhaphy.</i>	
galact/o	milk	<u>galact</u> orrhoea _____ <i>Abnormal, persistent discharge of milk, commonly seen with pituitary gland tumors.</i>	

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
gynec/o	woman, female	<u>gynecomastia</u> _____ <i>Enlargement of breasts in a male. It often occurs with puberty or aging, or the condition can be drug-related.</i>	
hyster/o	uterus, womb	<u>hysterectomy</u> _____ <i>Total abdominal hysterectomy (TAH) is removal of the entire uterus (including the cervix) through an abdominal incision (Figure 8-11). Vaginal hysterectomy (VH) is removal through the vagina. Laparoscopic supracervical hysterectomy (see Figure 8-11) is a partial hysterectomy that preserves the cervix.</i> <u>hysteroscopy</u> _____ <i>A gynecologist uses an endoscope (passed through the vagina and cervix) to view the uterine cavity.</i>	
lact/o	milk	<u>lactation</u> _____ <i>The normal secretion of milk.</i>	
mamm/o	breast	<u>inframammary</u> _____ <i>Infra- means below.</i> <u>mammoplasty</u> _____ <i>Includes reduction and augmentation (enlargement) operations.</i>	

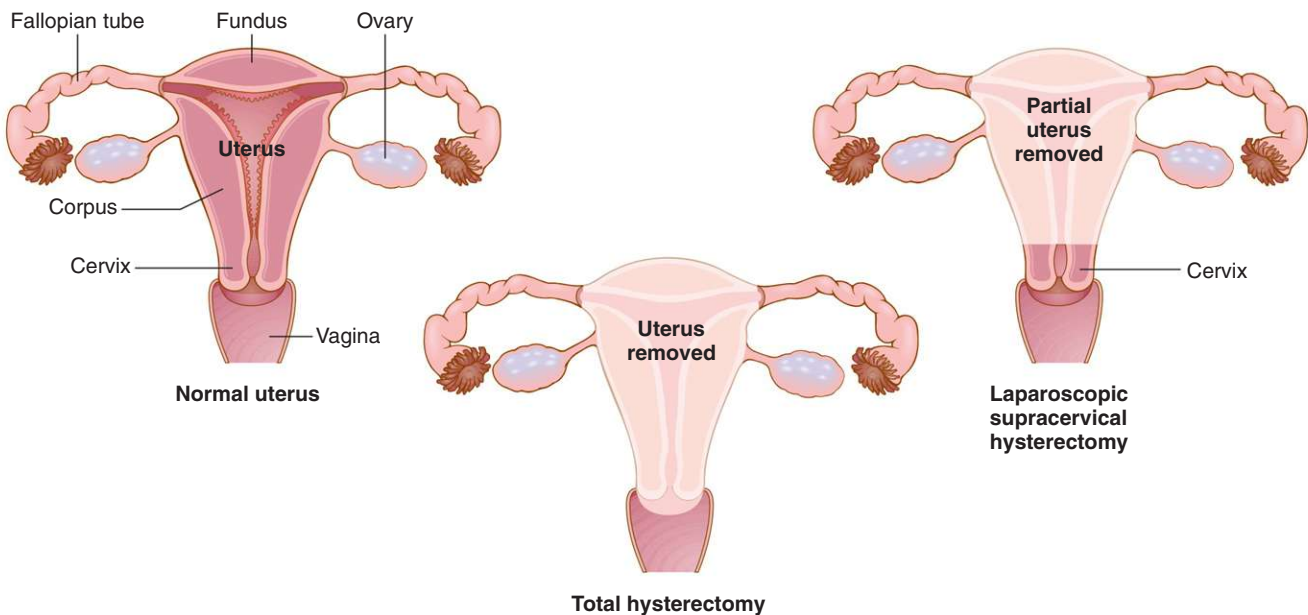


FIGURE 8-11 Normal uterus and hysterectomies. **Total hysterectomy** is removal of the entire uterus—fundus, corpus, and cervix. This may be performed via an abdominal incision or vaginally. **Laparoscopic supracervical hysterectomy** is removal of the top portion of the uterus (above the cervix), leaving the cervix intact. Three to five small incisions are made in the abdomen and the uterus is removed via laparoscope. Robotic hysterectomy (da Vinci surgery) is another option using small incisions, three-dimensional vision, and a magnified view of the surgical site.

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
mast/o	breast	<u>m</u> astitis _____ <i>Usually caused by streptococcal or staphylococcal infection.</i>	
		<u>m</u> astectomy _____ <i>Mastectomy procedures are discussed under carcinoma of the breast (see page 278).</i>	
men/o	menses, menstruation	<u>a</u> menorrhea _____ <i>Absence of menses for 6 months or for longer than three of the patient's normal menstrual cycles.</i>	
		dysmenorrhea _____	
		oligo <u>m</u> enorrhea _____ <i>Infrequent menstrual periods or scanty menses.</i>	
		<u>m</u> enorrhagia _____ <i>Abnormally heavy or long menstrual periods. Fibroids (see page 276) are a leading cause of menorrhagia.</i>	
metr/o, metri/o	uterus	<u>m</u> etrorrhagia _____ <i>Bleeding between menses. Possible causes of metrorrhagia include ectopic pregnancy, cervical polyps, and ovarian and uterine tumors.</i>	
		meno <u>m</u> etrorrhagia _____ <i>Excessive uterine bleeding during and between menstrual periods.</i>	
my/o, myom/o	muscle, muscle tumor	<u>m</u> yometrium _____	
		<u>m</u> yo <u>m</u> ectomy _____ <i>Removal of fibroids (myomas) from the uterus.</i>	
nat/i	birth	neon <u>a</u> tal _____	
obstetr/o	pregnancy and childbirth	<u>o</u> bstetrics _____ <i>From the Latin obstetrix, midwife.</i>	
o/o	egg	<u>o</u> ogenesis _____	
		<u>o</u> ocyte _____ <i>Immature ovum.</i>	
oophor/o	ovary	<u>o</u> ophorectomy _____ <i>Oophor/o means to bear (phor/o) eggs (o/o). In a bilateral oophorectomy, both ovaries are removed.</i>	
ov/o	egg	<u>o</u> vum _____ <i>Mature egg cell.</i>	
ovari/o	ovary	<u>o</u> varian _____	
ovul/o	egg	an <u>o</u> vulatory _____	
perine/o	perineum	<u>p</u> erineorrhaphy _____	

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
phor/o	to bear	oophoritis _____	
salping/o	fallopian tubes	salpingectomy _____ <i>Figure 8-12 shows a total hysterectomy with bilateral salpingo-oophorectomy (BSO).</i>	
uter/o	uterus	uterine prolapse _____	
vagin/o	vagina	vaginal orifice _____ <i>An orifice is an opening.</i> vaginitis _____ <i>Bacteria and yeasts (usually Candida) commonly cause this infection. Use of antibiotic therapy may cause loss of normal vaginal bacteria, resulting in an environment allowing yeast to grow.</i>	
vulv/o	vulva	vulvovaginitis _____ vulvodynia _____ <i>Chronic pain (with no identifiable cause) that affects the vulvar area (labia, clitoris, and vaginal opening).</i>	

SUFFIXES

SUFFIX	MEANING	TERMINOLOGY	MEANING
-arche	beginning	menarche _____	
-cyesis	pregnancy	pseudocyesis _____ <i>Pseudo- means false. No pregnancy exists, but physical changes such as weight gain and amenorrhea occur.</i>	
-gravida	pregnant	primigravida _____ <i>A woman during her first pregnancy (primi- means first). Gravida also is used to designate a pregnant woman, often followed by a number to indicate the number of pregnancies (gravida 1, 2, 3).</i>	

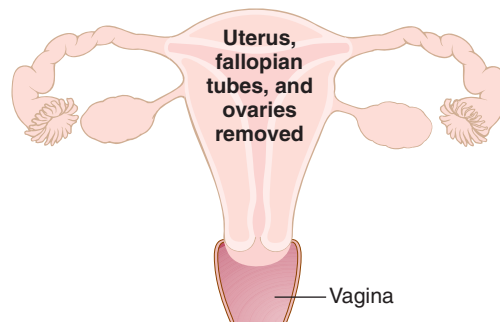


FIGURE 8-12 Total hysterectomy with bilateral salpingo-oophorectomy.

SUFFIX	MEANING	TERMINOLOGY	MEANING
-parous	bearing, bringing forth	<u>primiparous</u> _____ <i>An adjective describing a woman who has given birth to at least one child. Para also is used as a noun, often followed by a number to indicate the number of deliveries after the 20th week of gestation (para 1, para 2, para 3). When a woman arrives in the birthing facility, her gravidity and parity are important facts to include in the medical and surgical history. For example, G2P2 is medical shorthand for a woman who has had 2 pregnancies and 2 deliveries.</i>	
-rrhea	discharge	<u>leukorrhea</u> _____ <i>This vaginal discharge is normal or becomes more yellow (purulent or pus-containing) as a sign of infection.</i> <u>menorrhea</u> _____	
-salpinx	fallopian (uterine) tube	<u>pyosalpinx</u> _____	
-tocia	labor, birth	<u>dystocia</u> _____ <u>oxytocia</u> _____ <i>Oxy- means rapid. The pituitary gland releases oxytocin, which stimulates the pregnant uterus to contract (labor begins). It also stimulates milk secretion from mammary glands.</i>	
-version	act of turning	<u>cephalic version</u> _____ <i>The fetus turns so that the head is the body part closest to the cervix (version can occur spontaneously or can be performed by the obstetrician). Fetal presentation is the manner in which the fetus appears to the examiner during delivery. A breech presentation is buttocks first, or feet first in a footling breech; a cephalic presentation is head first.</i>	

PREFIXES

PREFIX	MEANING	TERMINOLOGY	MEANING
dys-	painful	<u>dyspareunia</u> _____ <i>(dĭs-pă-ROO-nē-ă.) Pareunia means sexual intercourse.</i>	
endo-	within	<u>endometritis</u> _____ <i>Usually caused by a bacterial infection.</i>	
in-	in	<u>involution of the uterus</u> _____ <i>Vol- means to roll. The uterus returns to its normal nonpregnant size.</i>	
intra-	within	<u>intrauterine device</u> _____ <i>Figure 8-13A shows an IUD.</i>	

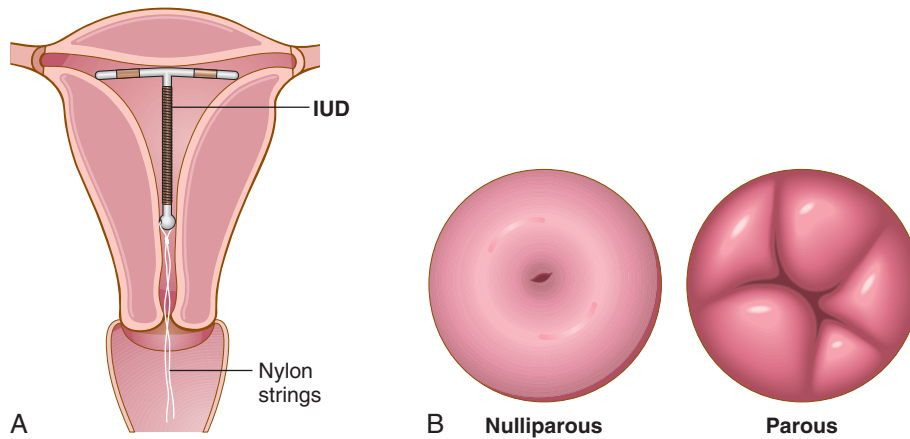


FIGURE 8-13 A, Intrauterine device (IUD) in place to prevent implantation of a fertilized egg. B, The cervix of a **nulliparous** woman (the os, or opening, is small and perfectly round) and the cervix of a **parous** woman (the os is wide and irregular). These views would be visible under **colposcopic examination**.

PREFIX	MEANING	TERMINOLOGY	MEANING
multi-	many	<u>multi</u> para _____ <u>multi</u> gravida _____ <i>A woman who has been pregnant more than once.</i>	
nulli-	no, not, none	<u>nulli</u> gravida _____ <u>nulli</u> para _____ <i>Para 0. Figure 8-13B shows the cervix of a nulliparous woman and the cervix of a parous woman (who has had a vaginal delivery).</i>	
pre-	before	<u>pre</u> natal _____	
primi-	first	<u>primi</u> para _____	
retro-	backward	<u>retro</u> version _____ <i>The uterus is abnormally tilted backward. This occurs in 30% of women.</i>	


PATHOLOGY: GYNECOLOGIC, BREAST, PREGNANCY, AND NEONATAL

GYNECOLOGIC

Uterus

carcinoma of the cervix

Malignant cells within the cervix (cervical cancer).

Infection with **human papillomavirus (HPV)**  is the most important cause of and risk factor for cervical cancer. Other factors that may act together with HPV to increase the risk of developing cervical cancer include cigarette smoking, having multiple sexual partners, and having a weakened immune system (e.g., patients with AIDS). HPV infection is one of the most common sexually transmitted infections in the world. Some types of HPV cause **genital warts** (benign growths on the vulva, cervix, vagina, or anus), whereas others cause cancer, especially HPV types 16 and 18.

Although most HPV infections do not progress to cervical cancer, the risk of developing cancer increases as Pap tests (see page 282) become abnormal and biopsies reveal **dysplasia** (abnormal cell growth), or more seriously, **carcinoma in situ (CIS)**, a localized form of cancer (Figure 8-14). Local resection (**conization**) may be necessary to treat CIS and prevent development of invasive cancer. Figure 8-15 shows a normal cervix and one with cervical cancer.

Surgical treatment for cervical cancer requires **radical (complete) hysterectomy**, in which the entire uterus with ligaments, supportive tissues, and the top one third of the vagina are removed. Radiation therapy and chemotherapy are used to treat disease that has spread beyond the uterus, into the pelvis, and to distant organs.

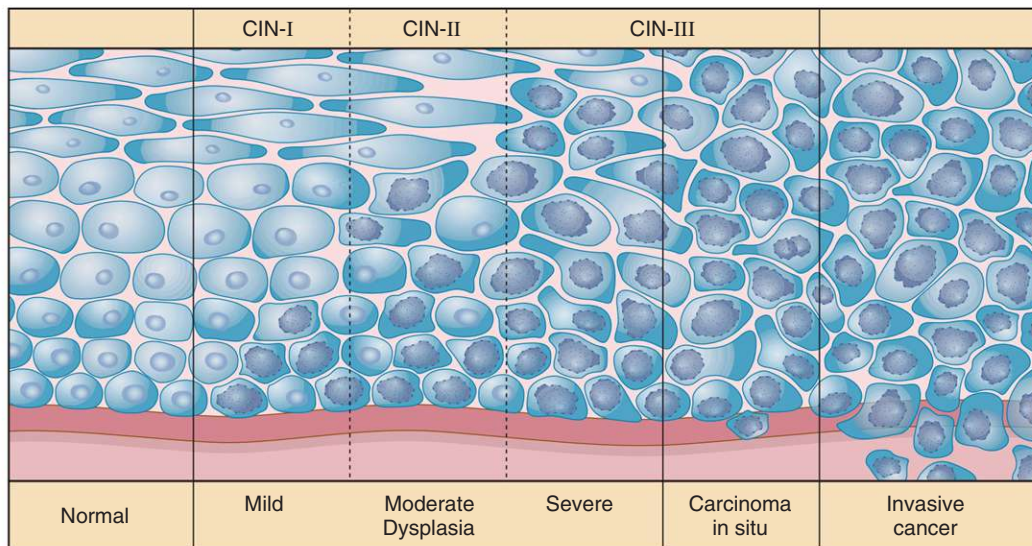


FIGURE 8-14 Preinvasive neoplastic lesions are called **cervical intraepithelial neoplasia (CIN)**. Pathologists diagnose such lesions from a **Pap test** (microscopic examination of cells scraped from cervical epithelium) and grade them as CIN I to CIN III.



HPV Vaccine

In 2006, the U.S. Food and Drug Administration (FDA) approved Gardasil, the first vaccine developed to prevent cervical cancer, precancerous genital lesions, and genital warts due to human papillomavirus (HPV) types 6, 11, 16, and 18. **HPV vaccine** is recommended for girls 11 to 12 years of age. The vaccine is also recommended for females aged 13 to 26 years who have not been previously vaccinated. It is important for girls to get HPV vaccine before their first sexual contact. For these girls, the vaccine can prevent almost 100% of disease caused by the four types of HPV targeted by the vaccine. Papillomavirus also causes cancer of the throat (oropharynx) and nasal passages and cancer of the penis. The FDA has licensed two HPV vaccines for use in young males.

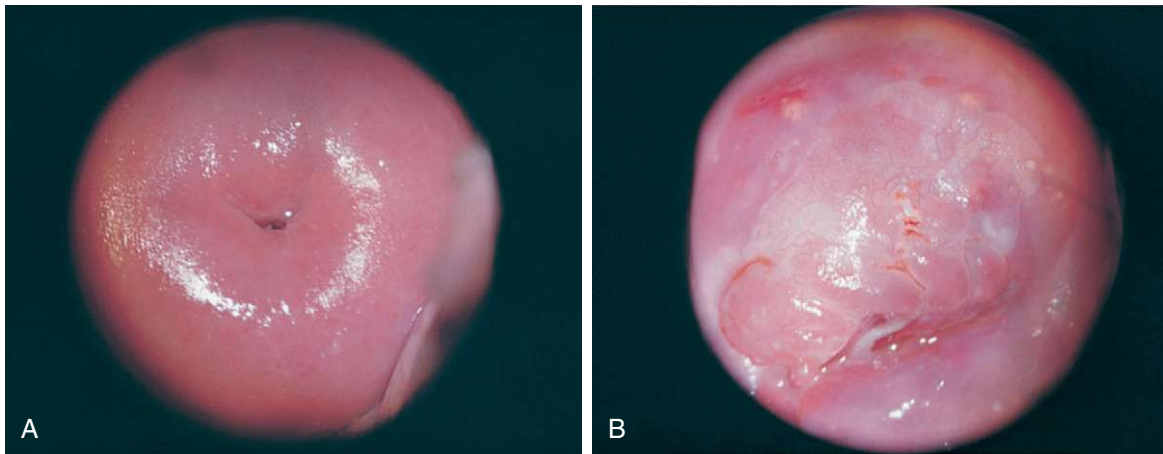


FIGURE 8-15 Normal cervix (A) and cervix with cervical cancer (B) as seen via colposcopy.

cervicitis

Inflammation of the cervix.

This condition can become chronic because the lining of the cervix is not renewed each month as is the uterine lining during menstruation.

Bacteria such as *Chlamydia trachomatis* and *Neisseria gonorrhoeae* commonly cause cervicitis. Acute cervicitis, marked by **cervical erosions** or ulcerations, appears as raw, red patches on the cervical mucosa. **Leukorrhea** (clear, white, or yellow pus-filled vaginal discharge) also is a sign of cervical erosion.

After the presence of malignancy has been excluded (by Pap test or biopsy), **cryocauterization** (destroying tissue by freezing) of the eroded area and treatment with antibiotics may be indicated.

carcinoma of the endometrium (endometrial cancer)

Malignant tumor of the uterine lining (adenocarcinoma).

The most common sign of endometrial cancer is postmenopausal bleeding. This malignancy occurs more often in women exposed to high levels of estrogen, either from exogenous estrogen (pills) or estrogen-producing tumors or with obesity (estrogen is produced by fat tissue) and in nulliparous women. Physicians perform endometrial biopsy, hysteroscopy, and **dilation** or **dilatation** (widening the cervical canal) and **curettage** (scraping the inner lining of the uterus) for diagnosis. When the cancer is confined to the uterus, surgery (hysterectomy and bilateral salpingo-oophorectomy) is curative. Radiation oncologists administer radiation therapy as additional treatment.

endometriosis

Endometrial tissue located outside the uterus.

Endometrial tissue may be found in ovaries, fallopian tubes, supporting ligaments or small intestine, causing inflammation and scar tissue. When the endometrium sheds and bleeds in its monthly cycle, it may cause dysmenorrhea and pelvic pain. Infertility (inability to become pregnant) and dyspareunia may also occur. Most cases are the result of growth of bits of menstrual endometrium that have passed backward through the **lumen** (opening) of the fallopian tube and into the peritoneal cavity. Often, when disease affects the ovaries, large blood-filled cysts (endometriomas, or “**chocolate cysts**”) develop. Treatment ranges from symptomatic relief of pain and hormonal drugs that suppress the menstrual cycle to surgical removal of ectopic endometrial tissue and hysterectomy.

fibroids**Benign tumors in the uterus.**

Fibroids, also called **leiomyomata** or **leiomyomas** (lei/o = smooth, my/o = muscle, and -oma = tumor), are composed of fibrous tissue and muscle. If fibroids grow too large and cause symptoms such as metrorrhagia, pelvic pain, or menorrhagia, hysterectomy or myomectomy is indicated. Fibroid ablation (destruction) without surgery may be accomplished by **uterine artery embolization (UAE)**, in which tiny pellets (acting as emboli) are injected into a uterine artery, blocking the blood supply to fibroids, causing them to shrink. Figure 8-16, A and B, show the location of uterine fibroids.

Ovaries**ovarian carcinoma (cancer)****Malignant tumor of the ovary (adenocarcinoma).**

Each year, about 22,000 women in the United States are diagnosed with ovarian cancer. Two types of ovarian cancer are most common: **serous** (clear fluid) and **mucinous** (thick, pasty fluid) **cystic adenocarcinomas**. The tumor usually is discovered in an advanced stage as an abdominal mass and may produce few symptoms in its early stages. In most patients, the disease metastasizes beyond the ovary before diagnosis and often causes **ascites** (accumulation of fluid in the abdominal cavity). Treatment consists of total abdominal hysterectomy, bilateral salpingo-oophorectomy, and removal of the omentum, which often contains deposits of tumor, followed by chemotherapy. A protein marker produced by tumor cells, CA 125, can be measured in the bloodstream to assess effectiveness of treatment.

Inherited mutations (changes) in genes greatly increase the risk of developing ovarian and breast cancer. These mutations are **BRCA1** and **BRCA2** (short for breast cancer 1 and breast cancer 2). Women with a strong family history of ovarian cancer (with multiple members of the family affected) may seek genetic counseling to determine if they should be tested for these inherited defects. **Prophylactic** (preventive) **oophorectomy** significantly reduces the odds of developing ovarian cancer if a woman is at high risk.

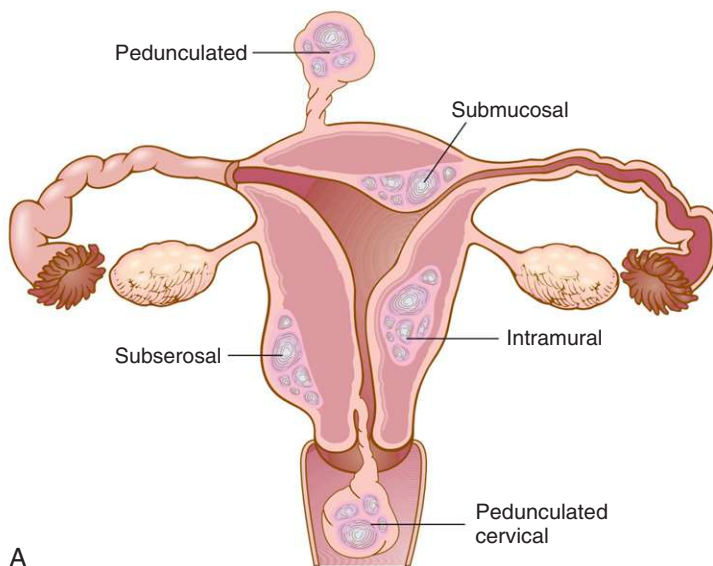


FIGURE 8-16 **A, Location of uterine fibroids (leiomyomas).** Pedunculated growths protrude on stalks. A subserosal mass lies under the serosal (outermost) layer of the uterus. A submucosal leiomyoma grows under the mucosal (innermost) layer. Intramural (mural means wall) masses arise within the muscular uterine wall. **B, Fibroids** shown after hysterectomy.

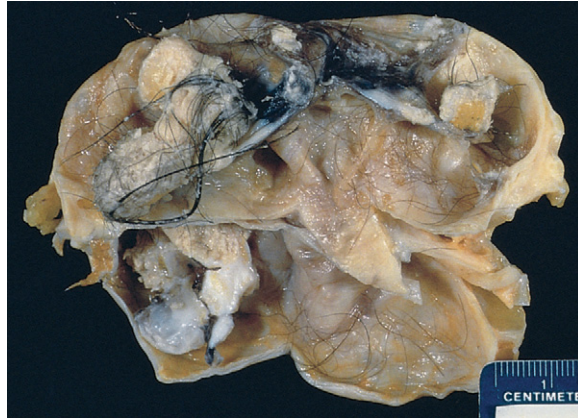


FIGURE 8-17 Dermoid cyst of the ovary with hair, skin, and teeth. (Courtesy Dr. Elizabeth Chabner Thompson.)

ovarian cysts

Collections of fluid within a sacs (cysts) in the ovary.

Some cysts are benign and lined by typical cells of the ovary. These cysts originate in unruptured ovarian follicles (follicular cysts) or in follicles that have ruptured and have immediately been sealed (luteal cysts). Other cysts are malignant and lined with atypical or tumor cells (**cystadenocarcinomas**). Physicians decide to remove these cysts to distinguish between benign and malignant tumors.

Dermoid cysts contain a variety of cell types, including skin, hair, teeth, and cartilage, and arise from immature egg cells in the ovary. Because of the strange assortment of tissue types in the tumor (Figure 8-17), this tumor often is called a benign cystic **teratoma** (terat/o = monster) or a **mature teratoma**. Surgical removal of the cyst cures the condition. Cysts are bilateral 15% of the time.

Fallopian Tubes

pelvic inflammatory disease (PID)

Inflammation and infection of organs in the pelvic region; salpingitis, oophoritis, endometritis, endocervicitis.

The leading causes of PID are **sexually transmitted diseases** (STDs). Repetitive episodes of these infections lead to formation of adhesions and scarring within the fallopian tubes. After PID, women have an increased risk of ectopic pregnancy and infertility. Signs and symptoms include fever, vaginal discharge, abdominal pain in the left and right lower quadrants (LLQ and RLQ), and tenderness to **palpation** (examining by touch) of the cervix. Antibiotics treat PID.



Sexually Transmitted Diseases (STDs) or Infections (STIs)

Examples of bacterial and viral STDs in women are:

- **gonorrhea** (gonococcal bacteria)
- **chlamydial infection** (chlamydial bacteria)
- **syphilis** (spirochete bacteria)
- **genital herpes** (herpes simplex virus - HSV)
- **HPV infection and genital warts** (human papillomavirus)

More information on STDs in women and men is on page 322.

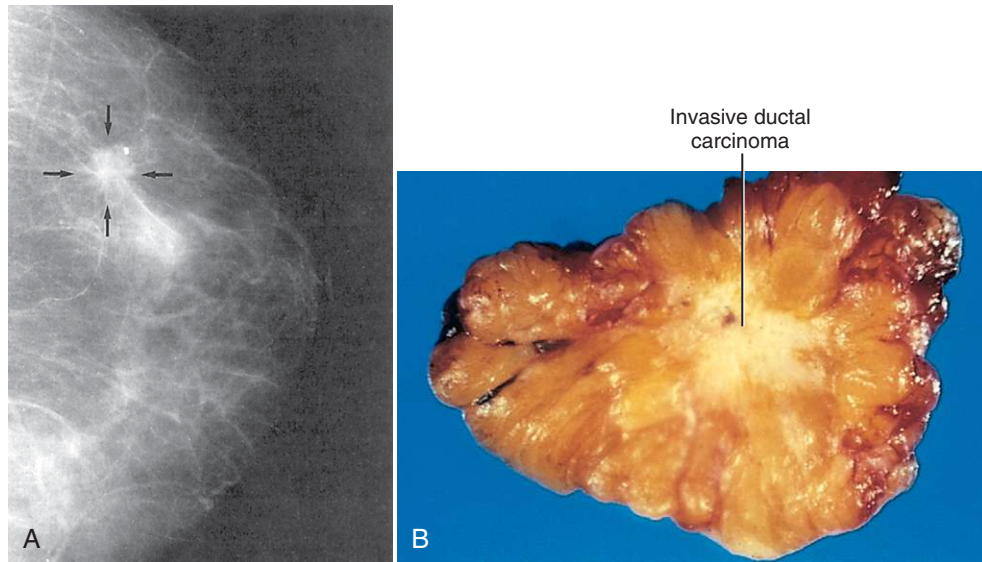


FIGURE 8-18 **A**, Arrows in **mammogram** point to invasive carcinoma of the breast. A dense white fragment of calcium is seen at 2 o'clock in the mass; calcifications like this are frequently a sign of cancer. **B**, Cut section of **invasive ductal carcinoma** of the breast.

BREAST

carcinoma of the breast (breast cancer)

Malignant tumor of the breast (arising from milk glands and ducts).

The most common type of breast cancer is **invasive ductal carcinoma**. Figure 8-18A shows the tumor on a mammogram. Figure 8-18B shows a cut section of an invasive ductal carcinoma. Other histopathologic (histo- means tissue) types are **lobular** and **medullary carcinoma** of the breast.

Breast cancer spreads first to lymph nodes in the axilla (armpit) adjacent to the affected breast and then to the skin and chest wall. From the lymph nodes it also may metastasize to other body organs, including bone, liver, lung, and brain. The diagnosis is first established by biopsy, either needle aspiration, or surgical removal of the specimen. A **stereotactic core needle biopsy** uses mammography to guide a biopsy needle into an area of concern. See the “**In Person**” account of stereotactic needle core biopsy on page 291.

For small primary tumors, the lump with immediately surrounding tissue can be removed (**lumpectomy**). To determine whether the tumor has spread to lymph nodes, a **sentinel node biopsy (SNB)** is performed. For this procedure, a blue dye or a radioisotope is injected into the tumor site and tracks to the axillary (underarm) lymph nodes. See Figure 8-19. After lumpectomy, radiation therapy to the breast and to any involved lymph nodes then follows, to kill remaining tumor cells.

An alternative surgical procedure is **mastectomy** (Figure 8-20A), which is removal of the breast. After either lumpectomy or mastectomy if lymph nodes are involved with cancer, adjuvant (aiding) chemotherapy is given to prevent recurrence of the tumor. Breast reconstruction is an option after mastectomy. See Figure 8-20B.

After surgery, further treatment may be indicated to prevent recurrence. To determine which treatment is best, it is important to test the breast cancer tumor for the presence of **estrogen receptors (ERs)**. These receptor proteins indicate that the tumor will respond to hormonal therapy. If metastases should subsequently develop, this information will be valuable in selecting further treatment. There are two types of drugs that block the effects of estrogen and thereby kill ER-positive

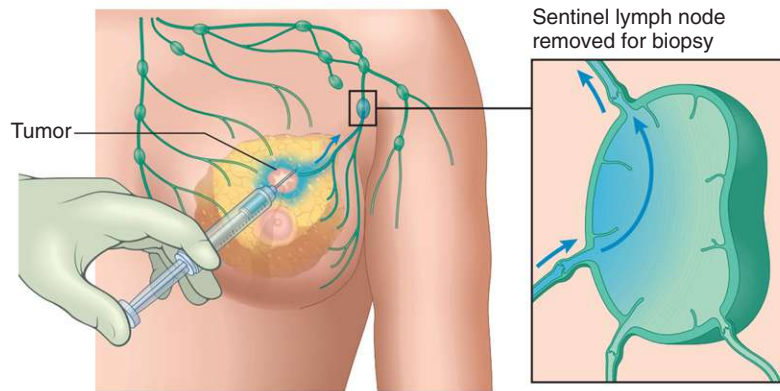


FIGURE 8-19 Sentinel node biopsy. After injection of dye or radioisotope, its path is visualized and the sentinel (first) lymph node is identified. It is the one most likely to contain a tumor if cells have left the breast. The sentinel node is removed and biopsied. If it is negative for tumor cells, the breast cancer has not spread.

breast cancer cells. Drugs of the first type directly block the ER reception. An example is **tamoxifen**. Drugs of the second type block the production of estrogen by inhibiting the enzyme, aromatase. These **aromatase inhibitors** are particularly useful in treating postmenopausal women. Examples are anastrozole (Arimidex) and letrozole (Femara).

A second receptor protein, **her-2/neu**, is found in some breast cancers and signals a high risk of tumor recurrence. **Herceptin**, an antibody that binds to and blocks her-2/neu, is effective in stopping growth when used with chemotherapy. **Triple-negative tumors** lack estrogen, progesterone, and her-2/neu and are highly aggressive.

Testing for hereditary mutations, **BRCA1** and **BRCA2**, is advised for women with a strong family history of breast cancer. Some women who test positively for the breast cancer genes elect to have prophylactic (preventive) bilateral mastectomy with reconstruction, to eliminate risk of developing a new breast cancer.

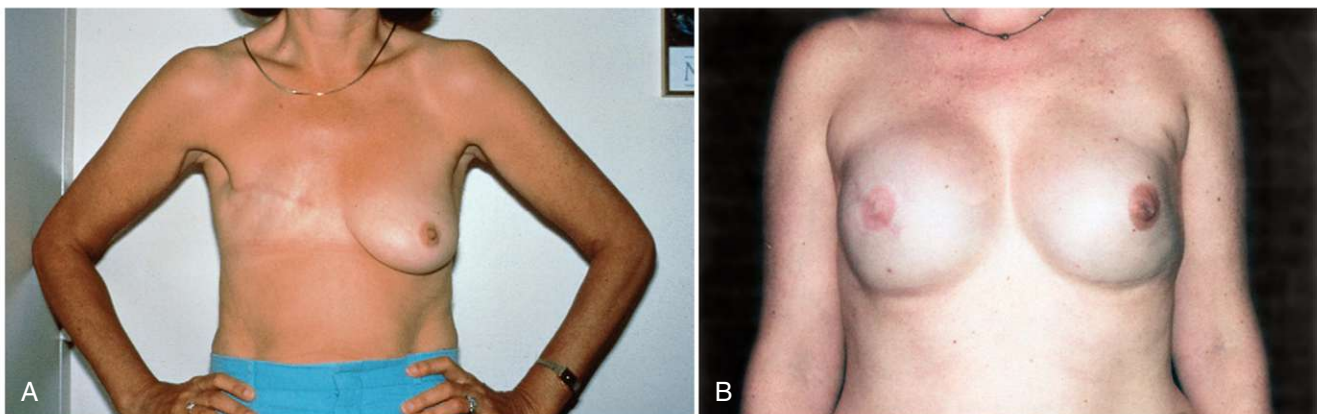


FIGURE 8-20 A, Surgical scar, mastectomy, right breast. A **modified radical mastectomy** removes the breast and axillary lymph nodes (usually 20 to 30 nodes). (Courtesy Dr. Elizabeth Chabner Thompson.) **B, Reconstruction of right breast after skin-sparing mastectomy.** A gel silicone implant was used. At a second operation, local tissue was manipulated to create the semblance of a nipple/areola complex. The procedure was completed by tattooing color around the nipple. In this patient, the left breast tissue was removed prophylactically and a silicone implant was inserted via an inframammary incision.

fibrocystic breast disease

Numerous small sacs of fluid surrounded by dense strands of fibrous tissue in the breast.

Women with this common benign condition notice a nodular (lumpy) consistency of the breast, often associated with premenstrual tenderness and fullness. Mammography and surgical biopsy are often indicated to differentiate fibrocystic changes from carcinoma of the breast.

PREGNANCY**abruptio placentae**

Premature separation of the normally implanted placenta.

Abruptio placentae (Latin *ab*, away from; *ruptus*, ruptured) occurs because of trauma, such as a fall, or may be secondary to vascular insufficiency resulting from hypertension or preeclampsia (see page 281). Signs and symptoms of acute abruptio include sudden searing (burning) abdominal pain and bleeding. It is an obstetric emergency.

ectopic pregnancy

Implantation of the fertilized egg in any site other than the normal uterine location.

The condition occurs in 15% of pregnancies, and 90% of these occur in the fallopian tubes (**tubal pregnancy**). Rupture of the ectopic implant within the fallopian tube can lead to massive abdominal bleeding and death. Surgeons can remove the implant, or treatment with medication (methotrexate) can destroy it, thereby preserving the fallopian tube before rupture occurs. Other sites of ectopic pregnancy include the ovaries and abdominal cavity; whatever the location, ectopic pregnancy often constitutes a surgical emergency.

8**multiple gestations**

More than one fetus inside the uterus.

Multiple births are increasing in the United States (often because of in vitro fertilization procedures; see page 287). These pregnancies are at higher risk for preterm delivery, growth restriction, high blood pressure, and diabetes.

placenta previa

Implantation of the placenta over the cervical opening or in the lower region of the uterus (Figure 8-21).

Maternal signs and symptoms include painless bleeding, hemorrhage, and premature labor. Cesarean delivery usually is recommended.

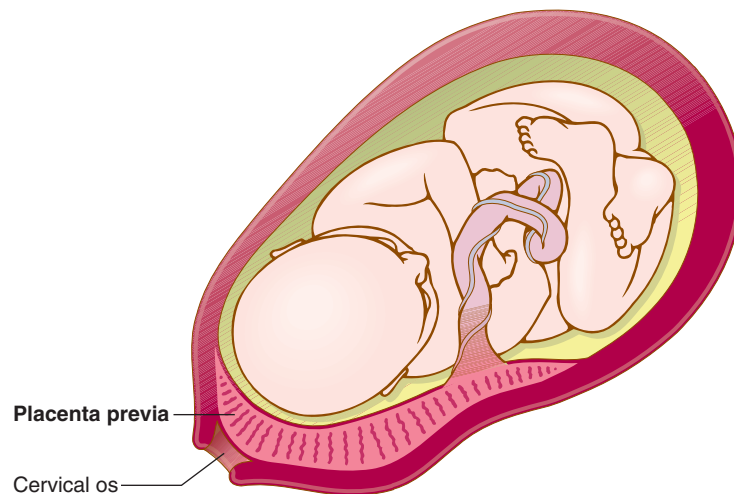


FIGURE 8-21 Placenta previa. Previa means before or in the front of. Three forms of this abnormal implantation of the placenta are: **placenta accreta** (on the wall but not in muscle), **placenta increta** (in uterine muscle), and **placenta percreta** (attaching to another organ).

preeclampsia

Abnormal condition associated with pregnancy, marked by high blood pressure, proteinuria, edema, and headache.

Mild preeclampsia can be managed by bed rest and close monitoring of blood pressure. Women with severe preeclampsia need treatment with medications such as magnesium sulfate to prevent seizures, and the baby is delivered as quickly as possible. The Greek word *eklampein* means to shine forth, referring to the convulsions and hypertension—typically with visual symptoms of flashing lights—that accompany the condition. **Eclampsia** is the final and most severe phase of untreated preeclampsia. It often causes seizures and even death of the mother and baby.

NEONATAL

The following terms describe conditions or symptoms that can affect the newborn. The **Apgar score** (Figure 8-22) is a system of scoring an infant's physical condition 1 and 5 minutes after birth. **Heart rate, respiration, color, muscle tone, and response to stimuli** each are rated 0, 1, or 2. The maximum total score is 10. Infants with Apgar scores below 7 require special immediate medical attention such as suctioning of the airways or oxygen to help breathing.

Down syndrome

Chromosomal abnormality (trisomy 21) results in mental retardation, retarded growth, a flat face with a short nose, low-set ears, and slanted eyes.

erythroblastosis fetalis

Hemolytic disease in the newborn (HDN) caused by a blood group (Rh factor) incompatibility between the mother and the fetus. See explanation in Chapter 4, page 119.

hyaline membrane disease

Acute lung disease commonly seen in the premature newborn.

This condition, also called **respiratory distress syndrome of the newborn (RDS)**, is caused by deficiency of **surfactant**, a protein necessary for proper lung function. Surfactant can be administered to the newborn to cure the condition. Hyaline refers to the shiny (hyaline means glassy) membrane that forms in the lung sacs.

SIGN	SCORE		
	0	1	2
Heart rate	Absent	Below 100	Over 100
Respiratory effort	Absent	Slow, irregular	Good, crying
Muscle tone	Limp	Some flexion of extremities	Active motion
Response to catheter in nostril (tested after oropharynx is clear)	No response	Grimace	Cough or sneeze
Color	Blue, pale	Body pink, extremities blue	Completely pink

FIGURE 8-22 Apgar scoring chart. This test is named for anesthesiologist Virginia Apgar (1909-1974), who devised it in 1953. Dr. Joseph Butterfield, in 1963, introduced an “APGAR” acronym as a mnemonic (memory device): **A**ppearance (color), **P**ulse (heart rate), **G**rimace (response to catheter in nostril), **A**ctivity (muscle tone), and **R**espiration (respiratory effort).

hydrocephalus**Accumulation of fluid in the spaces of the brain.**

In an infant, the entire head can enlarge because the bones of the skull do not completely fuse together at birth. Infants normally have a soft spot or **fontanelle** between the cranial bones that allows for some swelling during the birth of the baby. Hydrocephalus occurs because of a problem in the circulation of fluid within the brain and spinal cord, resulting in fluid accumulation.

meconium aspiration syndrome**Abnormal inhalation of meconium (first stool) produced by a fetus or newborn.**

Meconium, a thick, sticky, greenish to black substance, is actually the first stool of the fetus and newborn. If it is inhaled during birth, meconium can block air passages and cause respiratory distress as the lungs fail to expand. **Meconium ileus** is obstruction of the small intestine in the newborn caused by impaction of thick, dry meconium near the ileocecal valve.

pyloric stenosis**Narrowing of the opening of the stomach to the duodenum.**

Present at birth; surgical repair of the pyloric opening may be necessary.

CLINICAL TESTS AND PROCEDURES

CLINICAL TESTS

Pap test (Pap smear)**Microscopic examination of stained cells removed from the vagina and cervix.**

After inserting a vaginal **speculum** (instrument to hold apart the vaginal walls), the physician uses a small spatula to remove exfoliated (peeling and sloughing off) cells from the cervix and vagina (Figure 8-23). Microscopic analysis of the cell smear detects cervical or vaginal cellular abnormalities.

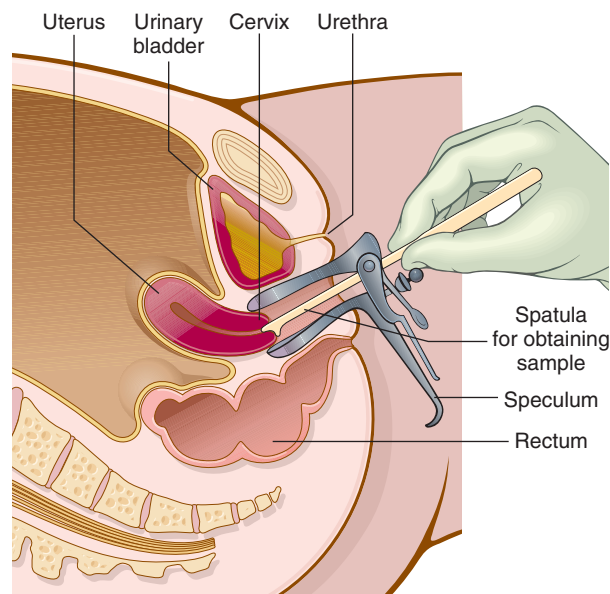
pregnancy test**Blood or urine test to detect the presence of hCG.**

FIGURE 8-23 Method of obtaining a sample for a **Pap test**. The test is 95% accurate in diagnosing early carcinoma of the cervix. It was invented by and named for a Greek physician, Georgios Papanikolaou.

PROCEDURES

X-Ray Studies

hysterosalpingography (HSG)

X-ray imaging of the uterus and fallopian tubes after injection of contrast material.

This radiologic procedure is used to evaluate tubal patency (adequate opening) and uterine cavity abnormalities.

mammography

X-ray imaging of the breast.

Women are advised to have a baseline mammogram at 40 years of age for later comparison if needed. A mammogram every year is recommended for women older than 40, to screen for breast cancer. Figure 8-24 illustrates mammography.

A new method of mammography is **digital tomosynthesis**. In this procedure, an x-ray tube moves in an arc around the breast as several images are taken. These images are sent to a computer and clear, highly focused three-dimensional pictures are produced. In addition to being less painful, this procedure makes breast cancer easier to find in dense breast tissue.

Ultrasound Examination and Magnetic Resonance Imaging (MRI)

breast ultrasound imaging and breast MRI

Technologies using sound waves and magnetic waves to create images of breast tissue.

These imaging techniques confirm the presence of a mass and can distinguish a cystic from a solid mass. MRI is very useful in detecting masses in young women with dense breasts or in women with a strong family history of breast cancer and at high risk for this condition. Breast ultrasound imaging is useful to evaluate a specific area of cancer on a mammogram.

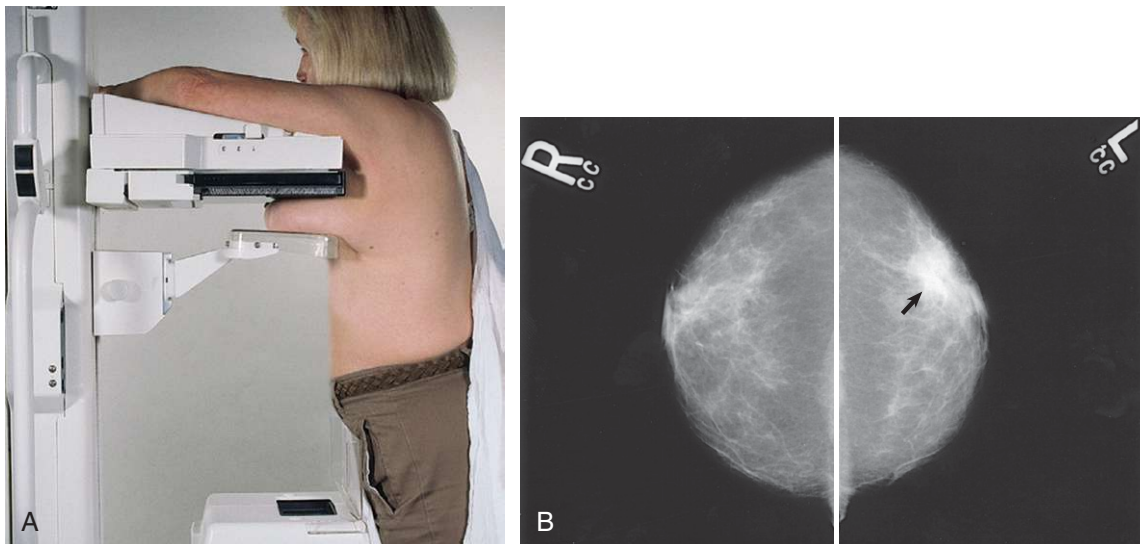


FIGURE 8-24 A, Mammography. The machine compresses the breast and x-ray pictures (top to bottom and lateral) are taken. B, Mammograms from a 63-year-old woman. The right breast is normal, and the left breast contains a carcinoma.

pelvic ultrasonography

Recording images of sound waves as they bounce off organs in the pelvic region.

This technique can evaluate fetal size, fetal maturity, and organ development, as well as fetal and placental position. Uterine tumors and other pelvic masses, including abscesses, also are diagnosed by ultrasonography. **Transvaginal ultrasound** allows the radiologist a closer, sharper look at organs within the pelvis. The sound probe is placed in the vagina instead of over the pelvis or abdomen; this method is best used to evaluate fluid-filled cysts.

Gynecologic Procedures**aspiration**

Withdrawal of fluid from a cavity or sac with an instrument using suction.

Aspiration needle biopsy is a valuable evaluation technique for patients with breast disease.

cauterization

Destruction of tissue by burning.

Destruction of abnormal tissue with chemicals (silver nitrate), or an electrically heated instrument. Cauterization is used to treat cervical dysplasia or cervical erosion. The **loop electrocautery excision procedure (LEEP)** (see Figure 8-26A) is used to further assess and often treat abnormal cervical tissue.

colposcopy

Visual examination of the vagina and cervix using a colposcope.

A colposcope is a lighted magnifying instrument resembling a small, mounted pair of binoculars. Gynecologists prefer colposcopy for pelvic examination when cervical dysplasia is present because it identifies the specific areas of abnormal cells. A biopsy specimen can then be taken for more accurate diagnosis (Figure 8-25).

conization

Removal of a cone-shaped section (cone biopsy) of the cervix.

The physician resects the tissue using a **LEEP (loop electrocautery excision procedure)**, or with a carbon dioxide laser or surgical knife (scalpel). Figure 8-26A shows conization with LEEP, and Figure 8-26B shows the cone biopsy specimen removed surgically.

cryosurgery

Use of cold temperatures to destroy tissue.

A liquid nitrogen probe produces the freezing (cry/o means cold) temperature. Also called **cryocauterization**.

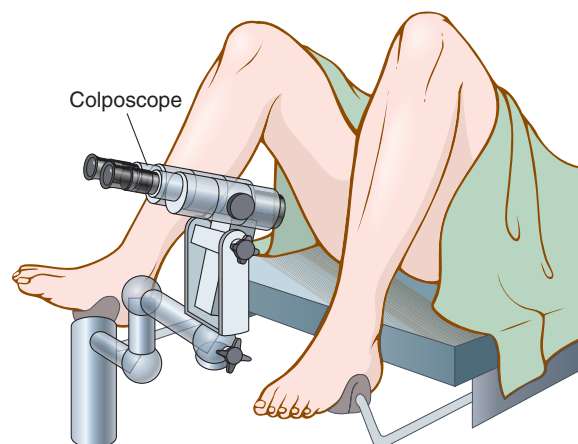
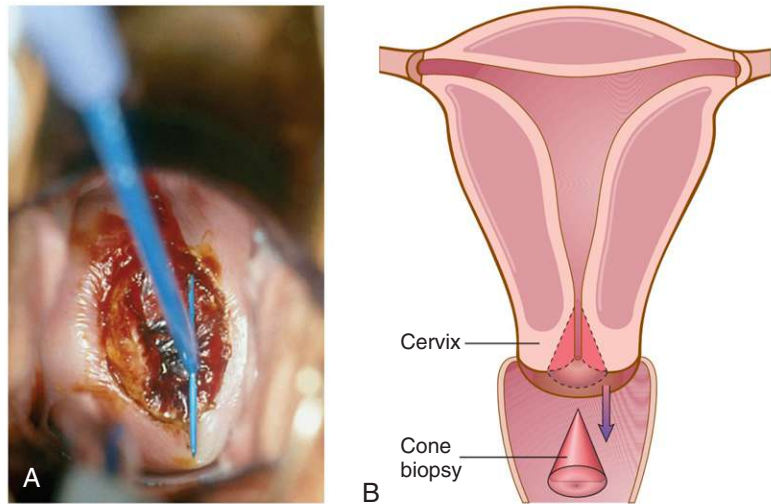


FIGURE 8-25 Colposcopy is used to evaluate a patient with an abnormal Pap test. For this examination, the woman lies in the dorsal lithotomy position. This is the same position used to remove a urinary tract stone (lithotomy means incision to remove a stone).

FIGURE 8-26 A, Cervical loop electrocautery excision procedure (LEEP) for cone biopsy. B, Surgical removal of cone biopsy specimen. (A, Courtesy Dr. A. K. Goodman, Massachusetts General Hospital, Boston.)



culdocentesis

Needle aspiration of fluid from the cul-de-sac.

The physician inserts a needle through the vagina into the cul-de-sac. The presence of blood may indicate a ruptured ectopic pregnancy or ruptured ovarian cyst.

dilation (dilatation) and curettage (D&C)

Widening the cervix and scraping off the endometrial lining of the uterus.

Dilation is accomplished by inserting a series of dilators of increasing diameter. A **curet** (metal loop at the end of a long, thin handle) is then used to sample the uterine lining. This procedure helps diagnose uterine disease and can temporarily halt prolonged or heavy uterine bleeding. When necessary, a D&C is used to remove the tissue during a spontaneous or therapeutic abortion (Figure 8-27).

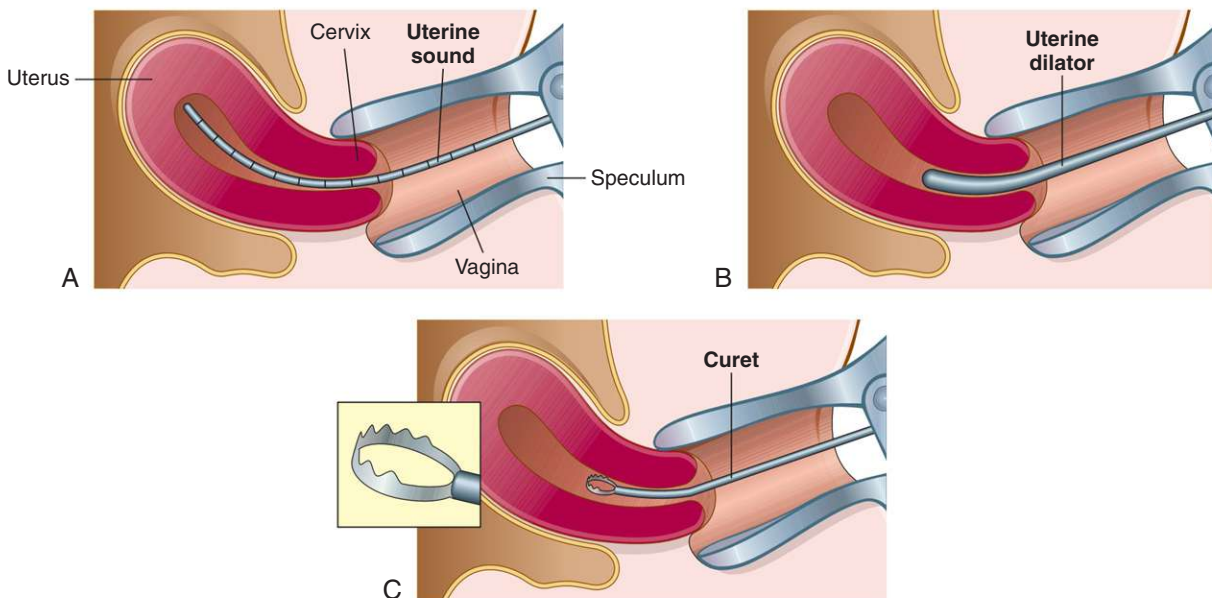


FIGURE 8-27 Dilation and curettage (D&C) of the uterus. A, The uterine cavity is explored with a **uterine sound** (a slender instrument used to measure the depth of the uterus) to prevent perforation during dilation. B, **Uterine dilators** (Hanks or Hagar) in graduated sizes are used to gradually dilate the cervix. C, The uterus is gently curetted and specimens are collected.

exenteration**Removal of internal organs within a cavity.****Pelvic exenteration** is removal of the organs and adjacent structures of the pelvis.**laparoscopy****Visual examination of the abdominal cavity using an endoscope (laparoscope).**

In this procedure, a form of **minimally invasive surgery (MIS)**, small incisions (5 to 10 mm long) are made near the woman's navel for introduction of the laparoscope and other instruments. Uses of laparoscopy include inspection and removal of ovaries and fallopian tubes, diagnosis and treatment of endometriosis, and removal of fibroids. Laparoscopy also is used to perform subtotal (cervix is left in place) and total hysterectomies (Figure 8-28).

tubal ligation**Blocking the fallopian tubes to prevent fertilization from occurring.**

This **sterilization** procedure (making an individual incapable of reproduction) is performed using laparoscopy or through a hysteroscope inserted via the cervical os (opening). **Ligation** means tying off and does not pertain solely to the fallopian tubes—which may be “tied” using clips or bands, or by surgically cutting or burning through the tissue.

Procedures Related to Pregnancy**abortion (AB)****Termination of pregnancy before the embryo or fetus can exist on its own.**

Abortions are **spontaneous** or **induced**. Spontaneous abortions, commonly called “miscarriages,” occur without apparent cause. Induced abortions can be **therapeutic** or **elective**. A therapeutic abortion is performed when the health of the pregnant woman is endangered. An elective abortion is performed at the request of the woman. Major methods for abortion include vaginal evacuation by D&C or vacuum aspiration (suction) and stimulation of uterine contractions by injection of saline (salt solution) into the amniotic cavity (in second-trimester pregnancies).

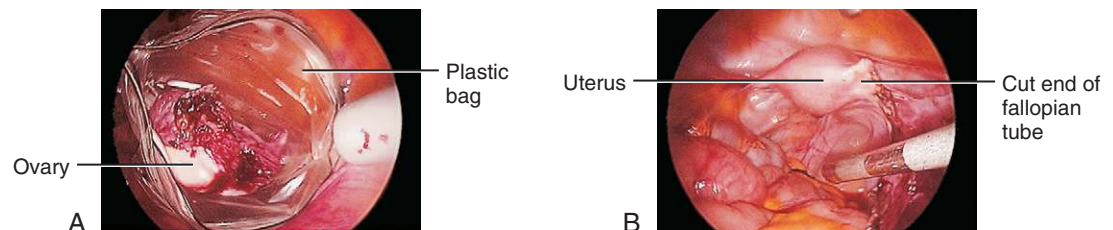


FIGURE 8-28 Laparoscopic oophorectomy. **A**, Notice the ovary placed in a plastic bag. The bag was inserted through the laparoscope and then opened, and the ovary was placed inside. **B**, Both are extracted through the laparoscope, leaving the uterus and the cut end of the fallopian tube. (Courtesy Dr. A. K. Goodman, Massachusetts General Hospital, Boston.)

amniocentesis**Needle puncture of the amniotic sac to withdraw amniotic fluid for analysis (Figure 8-29).**

The cells of the fetus, found in the fluid, are cultured (grown), and cytologic and biochemical studies are performed to check fetal chromosomes, concentrations of proteins and bilirubin, and fetal maturation.

cesarean section**Surgical incision of the abdominal wall and uterus to deliver a fetus.**

Indications for cesarean section include cephalopelvic disproportion (the baby's head is too big for the mother's birth canal), abruptio placentae or placenta previa, fetal distress (fetal hypoxia), and breech or shoulder presentation. The name comes from a law during the time of Julius Caesar requiring removal of a fetus before a deceased pregnant woman could be buried.

chorionic villus sampling (CVS)**Sampling of placental tissues (chorionic villi) for prenatal diagnosis.**

The sample of tissue is removed with a catheter inserted into the uterus. The procedure can be performed earlier than amniocentesis, at about 9 to 12 weeks of gestation.

fetal monitoring**Continuous recording of the fetal heart rate and maternal uterine contractions to assess fetal status and the progress of labor.****in vitro fertilization (IVF)****Egg and sperm cells are combined outside the body in a laboratory dish (in vitro) to facilitate fertilization.**

After an incubation period of 48 to 72 hours, the fertilized ova are injected into the uterus through the cervix. (Latin *in vitro* means in glass, as used for laboratory containers.) From 30% to 50% of all IVF procedures are now associated with **intracytoplasmic sperm injection (ICSI)**. This is the direct injection of sperm into harvested ova.

pelvimetry**Measurement of the dimensions of the maternal pelvis.**

Pelvimetry helps determine if the mother's pelvis will allow passage of the fetus through the birth canal. This examination is important during protracted labor or with breech presentation.



FIGURE 8-29 Amniocentesis. The obstetrician places a long needle through the pregnant woman's abdominal wall into the amniotic cavity. Needle placement (avoiding the fetus and the placenta) is guided by concurrent ultrasound imaging, performed using the transducer in the radiologist's hand. The yellow amniotic fluid is aspirated into the syringe attached to the needle. This procedure took place in the 16th week of pregnancy. The indication for the amniocentesis was a low alpha-fetoprotein (AFP) level. This suggested a higher risk of Down syndrome in the baby. Karyotype analysis (received 10 days later) showed normal chromosome configuration.



ABBREVIATIONS

AB	abortion	GYN	gynecology
AFP	alpha-fetoprotein—high levels in amniotic fluid of fetus or maternal serum indicate increased risk of neurologic birth defects in the infant.	hCG or HCG	human chorionic gonadotropin
BRCA1 BRCA2	<u>breast cancer 1</u> and <u>2</u> —genetic mutations associated with increased risk for breast cancer	HDN	hemolytic disease of the newborn
BSE	breast self-examination	HPV	human papillomavirus
CA-125	protein marker elevated in ovarian cancer (normal range of values is 0 to 35 U/mL)	HRT	hormone replacement therapy
C-section, CS	cesarean section	HSG	hysterosalpingography
CIN	cervical intraepithelial neoplasia	IUD	intrauterine device; contraceptive
CIS	carcinoma in situ	IVF	in vitro fertilization
CVS	chorionic villus sampling	LEEP	loop electrocautery excision procedure
Cx	cervix	LH	luteinizing hormone
D&C	dilation (dilatation) and curettage	LMP	last menstrual period
DCIS	ductal carcinoma in situ; a precancerous breast lesion that indicates a higher risk for invasive ductal breast cancer	multip	multipara; multiparous
DUB	dysfunctional uterine bleeding	OB	obstetrics
FHR	fetal heart rate	para 2-0-1-2	a woman's reproductive history: 2 full-term infants, 0 preterm, 1 abortion, and 2 living children
FSH	follicle-stimulating hormone	Pap test	test for cervical or vaginal cancer
G	gravida (pregnant)	PID	pelvic inflammatory disease
GnRH	gonadotropin-releasing hormone—secreted by the hypothalamus to stimulate release of FSH and LH from the pituitary gland	PMS	premenstrual syndrome
		primip	primipara; primiparous
		SLN biopsy or SNB	sentinel lymph node biopsy—blue dye or a radioisotope (or both) identifies the first lymph node draining the breast lymphatics
		TAH-BSO	total abdominal hysterectomy with bilateral salpingo-oophorectomy
		UAE	uterine artery embolization
		VH	vaginal hysterectomy



PRACTICAL APPLICATIONS

This section contains an actual operative report and brief excerpts from other medical records using words that you have studied in this and previous chapters. Explanations of more difficult terms are added in brackets.

OPERATIVE REPORT

Preoperative diagnosis: Menorrhagia, leiomyomata

Anesthetic: General

Material forwarded to laboratory for examination:

A. Endocervical curettings

B. Endometrial curettings

Operation performed: Dilation and curettage of the uterus

With the patient in the dorsal lithotomy position [legs are flexed on the thighs, thighs flexed on the abdomen and abducted] and sterilely prepped and draped, manual examination of the uterus revealed it to be 6- to 8-week size, retroflexed; no adnexal masses noted. The anterior lip of the cervix was then grasped with a tenaculum [a hook-like surgical instrument for grasping and holding parts]. The cervix was dilated up to a #20 Hank's dilator. The uterus was sounded [depth measured] up to 4 inches. A sharp curettage of the endocervix showed only a scant amount of tissue. With a sharp curet, the uterus was curetted in a clockwise fashion with an irregularity noted in the posterior floor. A large amount of endometrial tissue was removed. The patient tolerated the procedure well.

Operative diagnosis: Leiomyomata uteri

Recommendation: Hysterectomy for myomectomy

SENTENCES USING MEDICAL TERMINOLOGY

1. *Mammogram report:* The breast parenchyma [essential tissue] is symmetrical bilaterally. There are no abnormal masses or calcifications in either breast. The axillae are normal.
2. This is a 43-year-old gravida 3, para 2 with premature ovarian failure and now on HRT. She has history of endocervical atypia [cells are not normal or typical] secondary to chlamydial infection, which is now being treated.
3. The patient is a 40-year-old gravida 3, para 2 admitted for exploratory laparotomy to remove and evaluate a 10-cm left adnexal mass. Discharge diagnosis: (1) endometriosis, left ovary; (2) benign cystic teratoma [dermoid cyst], left ovary.
4. *History:* 51-year-old G3 P3; LMP early 40s; on HRT until age 49 when diagnosed with carcinoma of breast; treated with mastectomy and tamoxifen. Followed by ultrasounds showing slightly thickened 9-10 mm endometrium. No bleeding.
Operative findings: office endometrial biopsy, scant tissue
Clinical diagnosis: rule out hyperplasia

OPERATING ROOM SCHEDULE

The operating room schedule for one day in a large general hospital listed six different gynecologic procedures. Match the surgical procedures in Column I with the indications for surgery in Column II. Write the letter of the indication in the blanks provided. Answers are on page 302.

COLUMN I**COLUMN II**

1. Left oophorectomy	_____	A. LLQ pain; ovarian mass on pelvic ultrasound
2. Vaginal hysterectomy with colporrhaphy	_____	B. Fibroids
3. TAH-BSO, pelvic and periaortic lymphadenectomy	_____	C. Endometrial carcinoma
4. Exploratory laparotomy for uterine myomectomy	_____	D. Small invasive ductal carcinoma of the breast
5. Conization of the cervix	_____	E. Suspected cervical cancer
6. Lumpectomy with SLN biopsy	_____	F. Uterine prolapse

CONTRACEPTIVE CHOICES

Review and compare the various birth control options available today.

METHOD	UNINTENDED PREGNANCY RATES: TYPICAL USE / PERFECT USE	PROTECTION AGAINST STDs AND HIV INFECTION
1. Abstinence—no sexual intercourse	0% / 0%	100%
2. Cervical cap—inserted by doctor or nurse	16% / 9%	none
3. Condom—male	15% / 2%	some
4. Condom—female	21% / 5%	some
5. Diaphragm (with spermicide)	16% / 6%	none
6. Film and foam (with spermicide)	29% / 18%	none
7. Implant—inserted into upper arm; releases hormones; effective for 3 years	0.05% / 0.05%	none
8. Injectable—Depo-Provera given every 3 months	3% / 3%	none
9. Intrauterine (IUD)	less than 1%	none
10. Oral contraceptives (birth control pills)	8% / 3%	none
11. Patch—applied to skin weekly	8% / 3%	none
12. Ring—inserted in vagina; effective for 1 month	8% / less than 1%	none
13. Sponge—used by women who have never given birth	16% / 9%	none
14. Suppositories—inserted in vagina (with spermicide)	29% / 15%	none
15. Withdrawal	27% / 4%	none



IN PERSON

This first-person narrative describes a woman experiencing a stereotactic needle biopsy.

MARY BRAUN: STEREOTACTIC NEEDLE BIOPSY

After three mammograms and one ultrasound all performed within 13 months, I was told that I needed to have a stereotactic biopsy. The mammograms and ultrasounds showed calcifications in my breast that were suspicious. Once you get that letter in the mail with the horrible word, “suspicious,” all sorts of negative thoughts begin to seep into your brain. With a family history of breast cancer (my mother died from it at age 50), I was extremely anxious to get this done right away.

As I arrived at the hospital, full of trepidation, I reminded myself of a saying I had read many years ago. It went something like this: “In my life I have known many troubles, most of them never realized.” And, with that thought in mind, I walked into the procedure room wearing my lovely orange gown that never seems to tie easily.

The technician was extremely nice and began a long recital of all the procedures that were to follow. (As they say, sometimes ignorance is bliss.) First, they applied a numbing substance to the exterior of my breast, and then injected lidocaine as a local anesthetic. After taking some additional x-ray views, they placed me on the table, face down. The appropriate breast was positioned downward into a chamber so that the radiologist could make a small incision and insert the needle to take samples.

This is a vacuum-assisted biopsy taken using a vacuum-powered instrument to collect multiple tissue samples during one needle insertion. A small titanium marker was left in my breast. (In case of a negative prognosis, the titanium marker serves as a beacon for the surgeon who will remove cancerous tissue in the area.)

The radiologist was very nice, making some small talk with me, and telling me that if anything hurt too much, he would stop. I could tell he was a very kind soul and resigned myself to getting through the next hour. Apart from mild discomfort of the lidocaine injection, the rest of the procedure was relatively pain free. I think that one of the hard parts for patients is trying to lie as still as possible for 30-40 minutes. After they were satisfied that the samples were sufficient, the needle was removed and another technician came to apply pressure to the area for about 10 minutes.

An antiseptic, gauze, and bandage were applied to the wound and instructions given on how to proceed for the next few days. After 24 hours, I was permitted to shower and could change the gauze and bandage. For a day or two, no strenuous exercise was allowed. An additional mammogram was taken before I left the hospital and I was given an ice pack for my breast.

The worst part of this procedure was the anticipation. Who wants to be lying on a table with your boob hanging through a small hole waiting to be punctured with a metal object? To all the women who are reading this and wondering what it will be like, take my word for it, get it done, the worst part is in your head anticipating it.

Mary Braun is Vice President, Investments, at Chapin Davis, Baltimore, Maryland.





EXERCISES

Remember to check your answers carefully with the Answers to Exercises, page 300.

A Match the following terms for structures or tissues with their meanings below.

amnion	fallopian tubes	perineum
areola	fimbriae	placenta
cervix	labia	uterine serosa
chorion	mammary papilla	vagina
clitoris	ovaries	vulva
endometrium		

1. inner lining of the uterus _____
2. area between the anus and the vagina in females _____
3. dark-pigmented area around the breast nipple _____
4. finger-like ends of the fallopian tube _____
5. ducts through which the egg travels into the uterus from the ovary _____
6. organ of sensitive erectile tissue in females; anterior to urethral orifice _____
7. nipple of the breast _____
8. vascular organ that attaches to the uterine wall during pregnancy _____
9. lower, neck-like portion of the uterus _____
10. innermost membrane around the developing embryo _____
11. outermost layer of the membranes around the developing embryo and forming part of the placenta _____
12. outermost layer surrounding the uterus _____
13. lips of the vulva _____
14. female gonads; producing ova and hormones _____
15. includes the perineum, labia and clitoris, and hymen; external genitalia _____
16. muscular, mucosa-lined canal extending from the uterus to the exterior of the body _____

B Identify the following terms.

1. fetus _____
2. lactiferous ducts _____
3. gametes _____
4. gonads _____
5. adnexa uteri _____
6. cul-de-sac _____
7. genitalia _____
8. Bartholin glands _____
9. ovarian follicle _____
10. corpus luteum _____

C Match the terms below with their descriptions.

coitus	human chorionic gonadotropin	myometrium
estrogen	luteinizing hormone	prenatal
fertilization	menarche	progesterone
follicle-stimulating hormone		

1. hormone produced by the ovaries; promotes female secondary sex characteristics

2. hormone secreted by the pituitary gland to stimulate maturation of the egg cell (ovum)

3. sexual intercourse _____
4. before birth _____
5. beginning of the first menstrual period _____
6. hormone produced by the placenta to sustain pregnancy by stimulating the ovaries to produce estrogen and progesterone _____
7. muscle layer of the uterus _____
8. hormone produced by the corpus luteum in the ovary and the placenta of a pregnant woman

9. hormone produced by the pituitary gland to promote ovulation _____
10. union of the sperm cell and ovum from which the embryo develops _____

D Supply definitions to complete the following sentences.

1. galact/o and lact/o both mean _____.
2. colp/o and vagin/o both mean _____.
3. mamm/o and mast/o both mean _____.
4. metr/o, uter/o, and hyster/o all mean _____.
5. oophor/o and ovari/o both mean _____.
6. o/o, ov/o, and ovul/o all mean _____.
7. in- and endo- both mean _____.
8. -cyesis and -gravida both mean _____.
9. salping/o and -salpinx both mean _____.
10. episi/o and vulv/o both mean _____.

E Match the following terms with their meanings below.

bilateral salpingo-oophorectomy
cervicitis
chorion
culdocentesis

lactation
neonatology
obstetrics

oxytocin
total hysterectomy
vulvovaginitis

1. study of the newborn _____
2. hormone that stimulates the pregnant uterus to contract _____
3. secretion of milk _____
4. removal of the entire uterus _____
5. inflammation of the neck of the uterus _____
6. branch of medicine concerned with pregnancy and childbirth _____
7. outermost membrane surrounding the fetus _____
8. removal of both fallopian tubes and both ovaries _____
9. inflammation of the external female genitalia and vagina _____
10. needle puncture to remove fluid from the cul-de-sac _____

F Give the meanings of the following signs and symptoms.

1. amenorrhea _____
2. dysmenorrhea _____
3. leukorrhea _____
4. metrorrhagia _____
5. galactorrhea _____
6. menorrhagia _____

7. pyosalpinx _____
8. dyspareunia _____
9. menometrorrhagia _____
10. oligomenorrhea _____



State whether the following sentences are true or false, and explain your answers.

1. After a total (complete) hysterectomy, a woman still has regular menstrual periods.

2. After a total hysterectomy, a woman may still produce estrogen and progesterone.

3. Birth control pills prevent pregnancy by keeping levels of estrogen and progesterone high.

4. After a total hysterectomy with bilateral salpingo-oophorectomy, a doctor may advise hormone replacement therapy. _____
5. Human papillomavirus can cause genital warts and ovarian cancer.

6. A Pap test can detect cervical dysplasia. _____
7. Human chorionic gonadotropin is produced by the ovaries during pregnancy.

8. Gynecomastia is a common condition in pregnant women.

9. Treatment for endometriosis is uterine myomectomy.

10. A gravida 3 para 2 is a woman who has given birth 3 times.

11. A nulligravida is a woman who has had several pregnancies.

12. Pseudocyesis is the same condition as a tubal pregnancy.

13. Fibrocystic changes in the breast are a malignant condition.

14. Cystadenomas occur in the ovaries.

15. FSH and LH are ovarian hormones.

H Give the meanings of the following terms.

1. parturition _____
2. menopause _____
3. menarche _____
4. ovulation _____
5. gestation _____
6. anovulatory _____
7. dilatation _____
8. lactation _____
9. nulliparous _____
10. oophoritis _____
11. bartholinitis _____
12. vulvodynia _____

I Match the following terms with their meanings as given below.

abruptio placentae
cervical carcinoma
cervicitis
cystadenocarcinoma

endometrial carcinoma
endometriosis
leiomyoma

multiple gestations
placenta previa
preeclampsia

1. malignant tumor of the ovary _____
2. chlamydial infection causing inflammation in the lower, neck-like portion of the uterus

3. condition during pregnancy or shortly thereafter, marked by hypertension, proteinuria, and edema

4. uterine tissue located outside the uterus—for example, in the ovaries, cul-de-sac, fallopian tubes,
or peritoneum _____
5. premature separation of a normally implanted placenta _____
6. placenta implantation over the cervical opening _____
7. more than one fetus inside the uterus _____
8. malignant condition that can be diagnosed by a Pap test, revealing dysplastic changes in cells

9. malignant condition of the inner lining of the uterus _____
10. benign muscle tumor in the uterus _____

J Name the appropriate test or procedure for each of the following descriptions.

1. burning of abnormal tissue with chemicals or an electrically heated instrument

2. contrast material is injected into the uterus and fallopian tubes, and x-ray images are obtained

3. cold temperature is used to destroy tissue _____
4. visual examination of the vagina and cervix _____
5. widening the cervical opening and scraping the lining of the uterus

6. withdrawal of fluid by suction with a needle _____
7. process of recording x-ray images of the breast _____
8. removal of a cone-shaped section of the cervix for diagnosis or treatment of cervical dysplasia

9. surgical puncture to remove fluid from the cul-de-sac _____
10. echoes from sound waves create an image of structures in the pelvic region

11. blocking the fallopian tubes to prevent fertilization from occurring

12. visual examination of the abdominal cavity with an endoscope

13. hCG is measured in the urine or blood _____
14. cells are scraped from the cervix or vagina for microscopic analysis

15. removal of internal gynecologic organs and adjacent structures in the pelvis

K Match the obstetrical and neonatal terms with the descriptions given below.

abortion	fetal monitoring	in vitro fertilization
Apgar score	fetal presentation	meconium aspiration syndrome
cephalic version	fontanelle	pelvimetry
cesarean section	hyaline membrane disease	pyloric stenosis
erythroblastosis fetalis	hydrocephalus	

- Turning the fetus so that the head presents during birth _____
- Measurement of the dimensions of the maternal pelvic bone _____
- The soft spot between the newborn's cranial bones _____
- The evaluation of the newborn's physical condition _____
- Premature termination of pregnancy _____
- Removal of the fetus by abdominal incision of the uterus _____
- Acute lung disease in the premature newborn: surfactant deficiency _____
- Use of a machine to electronically record fetal heart rate during labor _____
- Narrowing of the opening of the stomach to the small intestine in the infant

- Hemolytic disease of the newborn _____
- Accumulation of fluid in the spaces of a neonate's brain _____
- Manner in which the fetus appears to the examiner during delivery _____
- Condition resulting from inhalation of a thick, sticky black substance by the newborn

- Union of the egg and sperm cell in a laboratory dish _____

L Give medical terms for the following definitions. Pay careful attention to spelling.

- benign muscle tumors in the uterus _____
- no menses _____
- removal of an ovary _____
- condition of female breasts (in a male) _____
- ovarian hormone that sustains pregnancy _____
- nipple-shaped elevation on the breast _____

- M** Give the meanings of the abbreviations in Column I. Then select the letter of the correct description from Column II.

COLUMN I

1. CIS _____
2. FSH _____
3. D&C _____
4. multip _____
5. C-section _____
6. IVF _____
7. Cx _____
8. TAH-BSO _____
9. primip _____
10. OB _____

COLUMN II

- A. This woman has given birth to more than one infant.
- B. Egg and sperm cells are combined outside the body.
- C. This woman has given birth for the first time.
- D. Secretion from the pituitary gland stimulates the ovaries.
- E. This procedure helps diagnose uterine disease.
- F. Localized cancer growth.
- G. Surgical procedure to remove the uterus, fallopian tubes, and ovaries.
- H. Surgical delivery of an infant through an abdominal incision.
- I. Branch of medicine dealing with pregnancy and delivery of infants.
- J. Lower, neck-like region of the uterus.

- N** Match the following abbreviations in Column I with the best description in Column II.

COLUMN I

COLUMN II

- | | |
|-------------------|--|
| 1. Pap test _____ | A. Precancerous lesion in the breast. |
| 2. HSG _____ | B. X-ray record of the uterus and fallopian tubes. |
| 3. AB _____ | C. Hormones given to menopausal women. |
| 4. HPV _____ | D. Diagnoses cervical and vaginal cancer. |
| 5. DCIS _____ | E. Termination of pregnancy; spontaneous or induced. |
| 6. HRT _____ | F. Cause of cervical cancer. |

- O** Circle the term in parentheses that best completes the meaning of each sentence.

1. Dr. Hanson felt that it was important to do a (**culdcentesis**, **Pap test**, **amniocentesis**) once yearly on each of her GYN patients to screen for abnormal cells.
2. When Doris missed her period, her doctor checked for the presence of (**LH**, **IUD**, **hCG**) in Doris's urine to see if she was pregnant.
3. Ellen was 34 weeks pregnant and experiencing bad headaches and blurry vision, with a 10-pound weight gain in 2 days. Dr. Murphy told her to go to the obstetric emergency department because she suspected (**preeclampsia**, **pelvic inflammatory disease**, **fibroids**).
4. Fifty-two-year-old Sally noticed increasing pain, fullness, and swelling in her abdomen. She had a history of ovarian cancer, so her physician recommended (**sentinel node biopsy**, **pelvic ultrasonography**, **colposcopy**).

5. Clara knew that she should not ignore her fevers and yellow vaginal discharge and the pain in her side. She had previous episodes of **(PMS, PID, HRT)** treated with IV antibiotics. She worried that she might have a recurrence.
6. After years of trying to become pregnant, Jill decided to speak to her **(hematologist, gynecologist, urologist)** about in vitro **(gestation, parturition, fertilization)**.
7. To harvest her ova, Jill's physician prescribed hormones to stimulate egg maturation and **(coitus, lactation, ovulation)**. Ova were surgically removed and fertilized with sperm cells in a Petri dish.
8. Next, multiple embryos were implanted into Jill's **(fallopian tube, vagina, uterus)**, and she received hormones to ensure the survival of at least one embryo.
9. The IVF was successful and after **(abdominal CT, ultrasound examination, pelvimetry)**, Jill was told that she would have twins in 8½ months.
10. At 37 weeks, Jill went into labor. Under continuous **(chorionic villus sampling, culdocentesis, fetal monitoring)**, two healthy infants were delivered vaginally.
11. At age 41, Carol had a screening **(hysterosalpingogram, mammogram, conization)** of her breasts. The results showed tiny calcium deposits or calcifications, behind her **(areola, chorion, adnexae uteri)**. A core needle **(laparoscopy, colposcopy, biopsy)** was performed and showed cells that were an early sign of cancer called **(CIN, DCIS, DUB)**. Her surgical oncologist recommended **(lumpectomy, TAH-BSO, chorionic villus sampling)** to remove the calcifications and surrounding tissue as treatment.

8

ANSWERS TO EXERCISES

A

- | | | |
|--------------------|--------------------|--------------------|
| 1. endometrium | 7. mammary papilla | 12. uterine serosa |
| 2. perineum | 8. placenta | 13. labia |
| 3. areola | 9. cervix | 14. ovaries |
| 4. fimbriae | 10. amnion | 15. vulva |
| 5. fallopian tubes | 11. chorion | 16. vagina |
| 6. clitoris | | |

B

- | | | |
|--|---|--|
| 1. embryo from the third month (after 8 weeks) to birth | 5. ovaries, fallopian tubes, and supporting ligaments (accessory parts of the uterus) | 8. small exocrine glands at the vaginal orifice that secrete a lubricating fluid |
| 2. tubes that carry milk within the breast | 6. region of the abdomen between the rectum and the uterus | 9. developing sac in the ovary that encloses the ovum |
| 3. sex cells; the egg and sperm cells | 7. reproductive organs (genitals) | 10. empty follicle that secretes progesterone after ovulation |
| 4. organs (ovaries and testes) in the female and male that produce gametes | | |

C

- | | | |
|---------------------------------|---------------------------------|------------------------|
| 1. estrogen | 5. menarche | 8. progesterone |
| 2. follicle-stimulating hormone | 6. human chorionic gonadotropin | 9. luteinizing hormone |
| 3. coitus | 7. myometrium | 10. fertilization |
| 4. prenatal | | |

D

- | | | |
|-----------|---------------|---------------------------------------|
| 1. milk | 5. ovary | 8. pregnancy |
| 2. vagina | 6. egg | 9. fallopian tube |
| 3. breast | 7. in, within | 10. vulva (external female genitalia) |
| 4. uterus | | |

E

- | | | |
|-----------------------|---------------|------------------------------------|
| 1. neonatology | 5. cervicitis | 8. bilateral salpingo-oophorectomy |
| 2. oxytocin | 6. obstetrics | 9. vulvovaginitis |
| 3. lactation | 7. chorion | 10. culdocentesis |
| 4. total hysterectomy | | |

F

- | | | |
|---|--|--|
| 1. no menstrual flow | 5. abnormal discharge of milk from the breasts | 7. pus in the fallopian (uterine) tubes |
| 2. painful menstrual flow | 6. profuse or prolonged menstrual periods occurring at regular intervals | 8. painful sexual intercourse |
| 3. white discharge (normally from the vagina and also associated with cervicitis) | | 9. heavy bleeding at and between menstrual periods |
| 4. bleeding from the uterus at irregular intervals | | 10. scanty menstrual flow |

G

- | | | |
|--|--|---|
| 1. False. Total hysterectomy means removal of the entire uterus so that menstruation does not occur. | 6. True. A Pap test can detect abnormal changes in the cervix from cervical dysplasia to cervical intraepithelial neoplasia (CIN) and CIS (carcinoma in situ). | 11. False. A nulligravida has had no pregnancies. A multigravida has had many pregnancies. |
| 2. True. Total hysterectomy does not mean that the ovaries have been removed. | 7. False. The hormone hCG is produced by the <i>placenta</i> during pregnancy. | 12. False. A pseudocyesis is a false pregnancy (no pregnancy occurs), and a tubal pregnancy is an example of ectopic pregnancy (pregnancy occurs in the fallopian tube, not in the uterus). |
| 3. True. Birth control pills contain estrogen and progesterone; high levels prevent ovulation and pregnancy. | 8. False. Gynecomastia is a condition of increased breast development in <i>males</i> . | 13. False. Fibrocystic changes in the breast are a benign condition. |
| 4. True. This may be necessary to treat symptoms of estrogen loss (vaginal atrophy, hot flashes) and to prevent bone deterioration (osteoporosis). | 9. False. Myomectomy means removal of muscle tumors (fibroids). Endometriosis is abnormal location of uterine tissue outside the uterine lining. | 14. True. Cystadenomas are glandular sacs lined with tumor cells; they occur in the ovaries. |
| 5. False. HPV does produce genital warts but not ovarian cancer. In some cases, HPV infection may lead to cervical cancer. | 10. False. A gravida 3 para 2 is a woman who has had two children but is pregnant with her third. | 15. False. FSH and LH are pituitary gland hormones. Estrogen and progesterone are secreted by the ovaries. |

H

- | | | |
|---|--|--------------------------------------|
| 1. act of giving birth | 4. release of the ovum from the ovary | 8. natural secretion of milk |
| 2. gradual ending of menstrual function | 5. pregnancy | 9. a woman who has never given birth |
| 3. beginning of the first menstrual period at puberty | 6. pertaining to no ovulation (egg is not released from the ovary) | 10. inflammation of the ovaries |
| | 7. widening | 11. inflammation of Bartholin glands |
| | | 12. pain in the vulva |

I

- | | | |
|-----------------------|------------------------|--------------------------|
| 1. cystadenocarcinoma | 5. abruptio placentae | 8. cervical carcinoma |
| 2. cervicitis | 6. placenta previa | 9. endometrial carcinoma |
| 3. preeclampsia | 7. multiple gestations | 10. leiomyoma |
| 4. endometriosis | | |

J

- | | | |
|--|----------------------------|-------------------------|
| 1. cauterization | 6. aspiration | 11. tubal ligation |
| 2. hysterosalpingography | 7. mammography | 12. laparoscopy |
| 3. cryosurgery or cryocauterization | 8. conization | 13. pregnancy test |
| 4. colposcopy | 9. culdocentesis | 14. Pap test |
| 5. dilation (dilatation) and curettage | 10. pelvic ultrasonography | 15. pelvic exenteration |

K

- | | | |
|---------------------|--|----------------------------------|
| 1. cephalic version | 7. hyaline membrane disease
(respiratory distress syndrome of
the newborn) | 10. erythroblastosis fetalis |
| 2. pelvimetry | 8. fetal monitoring | 11. hydrocephalus |
| 3. fontanelle | 9. pyloric stenosis | 12. fetal presentation |
| 4. Apgar score | | 13. meconium aspiration syndrome |
| 5. abortion | | 14. in vitro fertilization |
| 6. cesarean section | | |

L

- | | | |
|----------------------------|-----------------|--------------------|
| 1. fibroids or leiomyomata | 3. oophorectomy | 5. progesterone |
| 2. amenorrhea | 4. gynecomastia | 6. mammary papilla |

M

- | | | |
|--|------------------------------|--|
| 1. carcinoma in situ: F | 4. multipara: A | 8. total abdominal hysterectomy with
bilateral salpingo-oophorectomy: G |
| 2. follicle-stimulating hormone: D | 5. cesarean section: H | 9. primipara: C |
| 3. dilation (dilatation) and
curettage: E | 6. in vitro fertilization: B | 10. obstetrics: I |
| | 7. cervix: J | |

N

- | | | |
|------|------|------|
| 1. D | 3. E | 5. A |
| 2. B | 4. F | 6. C |

O

- | | | |
|---------------------------|--------------------------------|--|
| 1. Pap test | 5. PID | 9. ultrasound examination |
| 2. hCG | 6. gynecologist; fertilization | 10. fetal monitoring |
| 3. preeclampsia | 7. ovulation | 11. mammogram; areola; biopsy; DCIS;
lumpectomy |
| 4. pelvic ultrasonography | 8. uterus | |

Answers to Practical Applications**Operating Room Schedule**

- | | |
|------|------|
| 1. A | 4. B |
| 2. F | 5. E |
| 3. C | 6. D |



PRONUNCIATION OF TERMS

To test your understanding of the terminology in this chapter, write the meaning of each term in the space provided. In addition, you may wish to cover the terms and write them by looking at your definitions. Make sure your spelling is correct. The page number after each term indicates where it is defined or used in the book, so you can easily check your responses. You will find complete definitions for all of these terms and audio pronunciations on the Evolve website.

Pronunciation Guide

ā as in āpe	ă as in ăpple
ē as in ēven	ě as in ěvery
ī as in īce	ĩ as in ĩnterest
ō as in ōpen	ő as in pőt
ū as in ūnit	ű as in űnder

Vocabulary and Terminology

TERM	PRONUNCIATION	MEANING
adnexa uteri (266)	ăd-NĚK-să Ū-tě-rī	_____
amenorrhea (270)	ămăn-ō-RĚ-ă	_____
amniocentesis (268)	ăm-nē-ō-sĕn-TĚ-sīs	_____
amnion (266)	ĂM-nē-ŏn	_____
amniotic fluid (268)	ăm-nē-ŎT-ik FLOO-id	_____
anovulatory (270)	ăn-ŎV-ū-lă-tŏr-ē	_____
areola (266)	ă-RĚ-ŏ-lă	_____
Bartholin glands (266)	BĂR-thŏ-lĭn glăndz	_____
bartholinitis (268)	băr-thŏ-lĭ-NĬ-tīs	_____
cephalic version (272)	sĕ-FĂL-lĭk VĚR-shŭn	_____
cervix (266)	SĚR-vĭkz	_____
chorion (268)	KŎ-rĕ-ŏn	_____
chorionic (268)	kŏ-rĕ-ŎN-ĭk	_____
clitoris (266)	KLĬ-tŏ-rĭs	_____
coitus (266)	KŎ-ĭ-tŭs	_____
colposcopy (268)	kŏl-PŎS-kŏ-pĕ	_____
corpus luteum (266)	KŎR-pŭs LOO-tĕ-ŭm	_____
cul-de-sac (266)	KŬL-dĕ-săk	_____
culdcentesis (268)	kŭl-dŏ-sĕn-TĚ-sīs	_____
dysmenorrhea (270)	dĭs-mĕn-ŏ-RĚ-ă	_____
dyspareunia (272)	dĭs-pă-ROO-nĕ-ă	_____

TERM	PRONUNCIATION	MEANING
dystocia (272)	dīs-TŌ-sē-ă	
embryo (266)	ĚM-brē-ō	
endocervicitis (268)	ěn-dō-sēr-vīs-SĪ-tīs	
endometritis (272)	ěn-dō-mě-TRĪ-tis	
endometrium (266)	ěn-dō-MĒ-trē-ŭm	
episiotomy (268)	ě-pīs-ē-ŎT-ō-mē	
estrogen (266)	ĚS-trō-jěn	
fallopian tube (266)	fă-LŌ-pē-ăn túb	
fertilization (266)	fēr-tīl-ī-ZĀ-shŭn	
fetal presentation (272)	FĚ-tăl prě-sěn-TĀ-shŭn	
fetus (266)	FĚ-tŭs	
fimbriae (266)	FĪM-brē-ē	
follicle-stimulating hormone (266)	FŎL-lī-kl STĪM-ŭ-lā-tīng HŎR-mŏn	
galactorrhea (268)	gă-lăk-tō-RĚ-ă	
gamete (266)	GĂM-ēt	
genitalia (267)	jěn-ī-TĀ-lē-ă	
gestation (267)	jēs-TĀ-shŭn	
gonad (267)	GŌ-năd	
gynecology (267)	gī-ně-KŎL-ō-jē	
gynecomastia (269)	gī-ně-kō-MĀS-tē-ă	
human chorionic gonadotropin (267)	HŪ-măn kō-rē-ŎN-īk gō- nă-dō-TRŎ-pīn	
hymen (267)	HĪ-měn	
hysterectomy (269)	hīs-tēr-ĚK-tō-mē	
hysteroscopy (269)	hīs-tēr-ŎS-kō-pē	
inframammary (269)	īn-fră-MĀM-ăr-ē	
intrauterine device (272)	īn-tră-Ū-tē-rīn dē-VĪS	
involution (272)	īn-vō-LOO-shŭn	
labia (267)	LĀ-bē-ă	
lactation (269)	lăk-TĀ-shŭn	

TERM	PRONUNCIATION	MEANING
lactiferous ducts (267)	lăk-Tĭ-fě-rūs dŭkts	_____
leukorrhea (272)	loo-kō-RĒ-ă	_____
luteinizing hormone (267)	LOO-tē-nī-zīng HÖR-mōn	_____
mammary papilla (267)	MĂM-ăr-ē pă-PĪL-ă	_____
mammoplasty (269)	MĂM-ō-plăs-tē	_____
mastectomy (270)	măs-TĚK-tō-mē	_____
mastitis (270)	măs-TĪ-tīs	_____
menarche (267)	mě-NĂR-kē	_____
menometrorrhagia (270)	měn-ō-mět-rō-RĀ-jă	_____
menopause (267)	MĚN-ō-păwz	_____
menorrhea (272)	měn-ō-RĒ-ă	_____
menorrhagia (270)	měn-ō-RĀ-jă	_____
menstruation (267)	měn-strŭ-Ā-shŭn	_____
metrorrhagia (270)	mě-trō-RĀ-jă	_____
multigravida (273)	mŭl-tĭ-GRĂV-ĭ-dă	_____
multipara (273)	mŭl-TĪP-ă-ră	_____
myomectomy (270)	mī-ō-MĚK-tō-mē	_____
myometrium (267)	mī-ō-MĚ-trē-ŭm	_____
neonatal (270)	nē-ō-NĀ-tăl	_____
neonatology (267)	nē-ō-nă-TÖL-ō-jē	_____
nulligravida (273)	nŭl-lē-GRĂ-vĭ-dă	_____
nullipara (273)	nŭl-LĪP-ă-ră	_____
obstetrics (267)	öb-STĚT-rĭks	_____
oligomenorrhea (270)	öl-ĭ-gō-měn-ō-RĒ-ă	_____
oocyte (270)	ō-ō-SĪT	_____
oogenesis (270)	ō-ō-JĚN-ě-sĭs	_____
oophorectomy (270)	oo-fō-RĚK-tō-mē <i>or</i> ō-öf-ō-RĚK-tō-mē	_____
oophoritis (271)	ō-öf-ör-Ī-tīs	_____
orifice (267)	ÖR-ĭ-fĭs	_____
ovarian (270)	ō-VĀ-rē-ăn	_____

TERM	PRONUNCIATION	MEANING
ovarian follicle (267)	ō-VĀ-rē-ăn FÖL-lĭ-kl	_____
ovary (267)	Ō-vă-rē	_____
ovulation (267)	öv-ŭ-LĀ-shŭn	_____
ovum; ova (267)	Ō-vŭm; Ō-vă	_____
oxytocia (272)	öks-ē-TŌ-sē-ă	_____
oxytocin (272)	öks-ē-TŌ-sĭn	_____
parturition (267)	păr-tŭ-RĪSH-ŭn	_____
perineorrhaphy (270)	pě-rĭ-nē-ÖR-ră-fē	_____
perineum (267)	pě-rĭ-NĒ-ŭm	_____
pituitary gland (267)	pĭ-TOO-ĭ-tăr-ē glănd	_____
placenta (267)	plă-SĚN-tă	_____
pregnancy (267)	PRĚG-năn-sē	_____
prenatal (273)	prē-NĀ-tăl	_____
primigravida (271)	prĭ-mĭ-GRĀV-ĭ-dă	_____
primipara (273)	prĭ-MĪP-ă-ră	_____
primiparous (272)	prĭ-MĪP-ă-rŭs	_____
progesterone (268)	prō-JĚS-tě-rŏn	_____
pseudocyesis (271)	sŭ-dō-sĭ-Ě-sĭs	_____
puberty (268)	PŪ-běr-tē	_____
pyosalpinx (272)	pĭ-ō-SĀL-pĭnks	_____
retroversion (273)	rě-trō-VĚR-zhŭn	_____
salpingectomy (271)	săl-pĭn-JĚK-tō-mē	_____
salpingitis (277)	săl-pĭn-JĪ-tĭs	_____
uterine prolapse (271)	Ū-těr-ĭn PRŌ-lăps	_____
uterine serosa (268)	Ū-těr-ĭn sē-RŌ-să	_____
uterus (268)	Ū-těr-ŭs	_____
vagina (268)	vă-JĪ-nă	_____
vaginal orifice (271)	VĀ-jĭ-năl ÖR-ĭ-fĭs	_____
vaginitis (271)	vă-jĭ-NĪ-tĭs	_____
vulva (268)	VŮL-vă	_____

TERM	PRONUNCIATION	MEANING
vulvodynia (271)	vŭl-vō-Dĭ-nē-ă	_____
vulvovaginitis (271)	vŭl-vō-vă-jĭ-Nĭ-tĭs	_____
zygote (268)	Zĭ-gōt	_____

Pathologic Conditions, Clinical Tests, and Procedures

TERM	PRONUNCIATION	MEANING
abortion (286)	ă-BŎR-shŭn	_____
abruptio placentae (280)	ă-BRŮP-shē-ō plă-SĚN-tă	_____
Apgar score (281)	ĂP-găr skŏr	_____
aspiration (284)	ăs-pĭ-RĂ-shŭn	_____
carcinoma in situ (274)	kăr-sĭ-NŌ-mă ĩn Sĭ-tŭ	_____
carcinoma of the breast (278)	kăr-sĭ-NŌ-mă of the brĕst	_____
carcinoma of the cervix (274)	kăr-sĭ-NŌ-mă of the SĚR-vĭks	_____
carcinoma of the endometrium (275)	kăr-sĭ-NŌ-mă of the ěn-dō-MĚ-trĕ-ŭm	_____
cauterization (284)	kaw-tĕr-ĭ-ZĂ-shŭn	_____
cervical dysplasia (274)	SĚR-vĭ-kăl dĭs-PLĂ-zĕ-ă	_____
cervicitis (275)	sĕr-vĭ-Sĭ-tĭs	_____
cesarean section (287)	sĕ-ZĂ-rĕ-ăn SĚK-shŭn	_____
chorionic villus sampling (287)	kŏ-rĕ-ŎN-ik VĬL-us SĂMP-lĭng	_____
colposcopy (284)	kŏl-PŎS-kŏ-pĕ	_____
conization (284)	kŏ-nĭ-ZĂ-shŭn	_____
cryocauterization (284)	krĭ-ŏ-kaw-tĕr-ĭ-ZĂ-shŭn	_____
culdocentesis (285)	kŭl-dŏ-sĕn-TĚ-sĭs	_____
dermoid cysts (277)	DĚR-moyd sĭsts	_____
dilatation (285)	dĭ-lă-TĂ-shŭn	_____
dilation and curettage (285)	dĭ-LĂ-shŭn and kŭr-ĕ-TĂZH	_____
Down syndrome (281)	Dŏwn SĬN-drŏm	_____
ectopic pregnancy (280)	ĕk-TŎP-ĭk PRĚG-năn-sĕ	_____
endometriosis (275)	ěn-dŏ-mĕ-trĕ-Ŏ-sĭs	_____

TERM	PRONUNCIATION	MEANING
erythroblastosis fetalis (281)	ě-rĭth-rō-blās-TŌ-sĭs fē-TĀ-lĭs	_____
exenteration (286)	ěks-ĕn-tě-RĀ-shŭn	_____
fetal monitoring (287)	FĒ-tāl MŎN-ĭ-tō-rĭng	_____
fibrocystic breast disease (280)	fĭ-brō-SĪS-tĭk brĕst dĭ-ZĒZ	_____
fibroids (277)	FĪ-broydz	_____
hyaline membrane disease (281)	HĪ-ă-lĭn MĚM-brān dĭ-ZĒZ	_____
hydrocephalus (282)	hĭ-drō-SĚF-ă-lŭs	_____
hysterosalpingography (283)	hĭs-tĕr-ō-sāl-pĭng-ŎG-ră-fē	_____
in vitro fertilization (287)	ĭn VĒ-trō fĕr-tĭl-ĭ-ZĀ-shŭn	_____
laparoscopy (286)	lă-pă-RŎS-kō-pē	_____
leiomyomas (276)	lĭ-ō-mĭ-Ŏ-măz	_____
mammography (283)	măm-MŎG-ră-fē	_____
meconium aspiration syndrome (282)	mĕ-KŎ-nĕ-ŭm ăs-pĭ-RĀ-shŭn SĪN-drŏm	_____
multiple gestation (280)	MŬL-tĭ-pl jĕs-TĀ-shŭn	_____
ovarian carcinoma (276)	ō-VĀR-ĕ-an kăr-sĭ-NŌ-mă	_____
ovarian cysts (277)	ō-VĀR-ĕ-an sĭsts	_____
palpation (277)	păl-PĀ-shŭn	_____
Pap test (282)	păp tĕst	_____
pelvic inflammatory disease (277)	PĚL-vĭk ĭn-FLĂM-mă-tō-rĕ dĭ-ZĒZ	_____
pelvic ultrasonography (284)	PĚL-vĭk ŭl-tră-sŏn-ŎG-ră-fē	_____
pelvimetry (287)	pĕl-VĪM-ĭ-trĕ	_____
placenta previa (280)	plă-SĚN-tă PRĒ-vĕ-ă	_____
preeclampsia (281)	prĕ-ĕ-KLĂMP-sĕ-ă	_____
pregnancy test (282)	PRĚG-năn-sĕ tĕst	_____
pyloric stenosis (282)	pĭ-LŎR-ĭk stĕ-NŌ-sĭs	_____
respiratory distress syndrome (281)	RĚS-pĭr-ă-tō-rĕ dĭs-STRĚS SĪN-drŏm	_____
tubal ligation (286)	TOO-băl li-GĀ-shŭn	_____



REVIEW SHEET

Write the meanings of the word parts in the spaces provided, and test yourself. Check your answers with the information in the chapter or in the Glossary (Medical Word Parts—English) at the end of the book.

Combining Forms

COMBINING FORM	MEANING	COMBINING FORM	MEANING
amni/o	_____	myom/o	_____
bartholin/o	_____	nat/i	_____
cephal/o	_____	obstetr/o	_____
cervic/o	_____	olig/o	_____
chori/o, chorion/o	_____	o/o	_____
colp/o	_____	oophor/o	_____
culd/o	_____	ov/o	_____
episi/o	_____	ovari/o	_____
galact/o	_____	ovul/o	_____
gynec/o	_____	perine/o	_____
hyster/o	_____	phor/o	_____
lact/o	_____	py/o	_____
mamm/o	_____	salping/o	_____
mast/o	_____	uter/o	_____
men/o	_____	vagin/o	_____
metr/o, metri/o	_____	vulv/o	_____
my/o	_____		

Prefixes

PREFIX	MEANING	PREFIX	MEANING
bi-	_____	oxy-	_____
dys-	_____	peri-	_____
endo-	_____	pre-	_____
in-	_____	primi-	_____
intra-	_____	pseudo-	_____
multi-	_____	retro-	_____
nulli-	_____	uni-	_____

Suffixes

SUFFIX	MEANING	SUFFIX	MEANING
-arche	_____	-plasty	_____
-cyesis	_____	-rrhagia	_____
-dynia	_____	-rrhaphy	_____
-ectomy	_____	-rrhea	_____
-flexion	_____	-salpinx	_____
-genesis	_____	-scopy	_____
-gravida	_____	-stenosis	_____
-itis	_____	-stomy	_____
-pareunia	_____	-tocia	_____
-parous	_____	-tomy	_____
-plasia	_____	-version	_____

Match the following diagnostic procedures with their descriptions. Check your answers with the information in the chapter.

DIAGNOSTIC PROCEDURES	DESCRIPTIONS
1. aspiration _____	A. Uterus and fallopian tubes are imaged (x-rays)
2. colposcopy _____	B. hCG is measured
3. culdocentesis _____	C. X-rays are taken of the breast
4. hysterosalpingography _____	D. Useful procedure to biopsy breast tissue (using a needle)
5. mammography _____	E. Removal and analysis of cervical and vaginal cells
6. Pap test _____	F. Fluid is obtained from the region between the rectum and uterus
7. pregnancy test _____	G. Images of ovarian masses may be seen
8. pelvic ultrasonography _____	H. Process of microscopic visual examination of the vagina and cervix

CHAPTER 9

Male Reproductive System

This chapter is divided into the following sections:

Introduction, 312

Anatomy, 313

Vocabulary, 315

Terminology, 317

Pathologic Conditions; Sexually Transmitted Diseases, 319

Laboratory Tests and Clinical Procedures, 324

Abbreviations, 326

Practical Applications, 327

In Person: Prostate Cancer, 329

Exercises, 330

Answers to Exercises, 336

Pronunciation of Terms, 338

Review Sheet, 341

CHAPTER GOALS

- Name, locate, and describe the functions of the organs of the male reproductive system.
- Define abnormal conditions and infectious diseases that affect the male reproductive system.
- Differentiate among several types of sexually transmitted diseases.
- Define combining forms used to describe the structures of this system.
- Describe various laboratory tests and clinical procedures pertinent to disorders of the male reproductive system, and recognize related abbreviations.
- Apply your new knowledge to understanding medical terms in their proper contexts, such as medical reports and records.

INTRODUCTION

The male sex cell, the **spermatozoon** (sperm cell), is microscopic—in volume, only one third the size of a red blood cell and less than 1/100,000 the size of the female ovum. A relatively uncomplicated cell, the sperm is composed of a head region, containing nuclear hereditary material (chromosomes), and a tail region, consisting of a **flagellum** (hair-like process). The flagellum makes the sperm motile and makes it look somewhat like a tadpole. The spermatozoon cell contains relatively little food and cytoplasm, because it lives only long enough (3 to 5 days) to travel from its point of release from the male to where the egg cell lies within the female reproductive tract (fallopian tube). Only one spermatozoon out of approximately 300 million sperm cells released during a single **ejaculation** (ejection of sperm and fluid from the male urethra) can penetrate a single ovum and result in fertilization of the ovum. Figure 9-1 shows a diagram of a **sperm cell** and a photograph of **spermatozoa**.

If more than one egg is passing down the fallopian tube when sperm are present, multiple fertilizations are possible, and twins, triplets, quadruplets, and so on may occur. Twins resulting from the fertilization of separate ova by separate sperm cells are called **fraternal twins**. Fraternal twins, developing with separate placentas, can be of the same sex or different sexes and resemble each other no more than ordinary brothers and sisters. Fraternal twinning is hereditary; the daughters of mothers of twins can carry the gene.

Identical twins result from fertilization of a single egg cell by a single sperm. As the fertilized egg cell divides and forms many cells, it somehow splits, and each part continues separately to undergo further division, each producing an embryo. Most identical twins have one placenta and two amniotic sacs. Identical twins are always of the same sex and are very similar in form and feature.

The organs of the male reproductive system are designed to produce and release billions of spermatozoa throughout the lifetime of a male from puberty onward. In addition, the male reproductive system secretes a hormone called **testosterone**. Testosterone is responsible for the production of the bodily characteristics of the male (such as beard, pubic hair, and deeper voice) and for the proper development of male gonads (**testes**) and accessory organs (**prostate gland** and **seminal vesicles**) that secrete fluids to ensure the lubrication and viability of sperm.

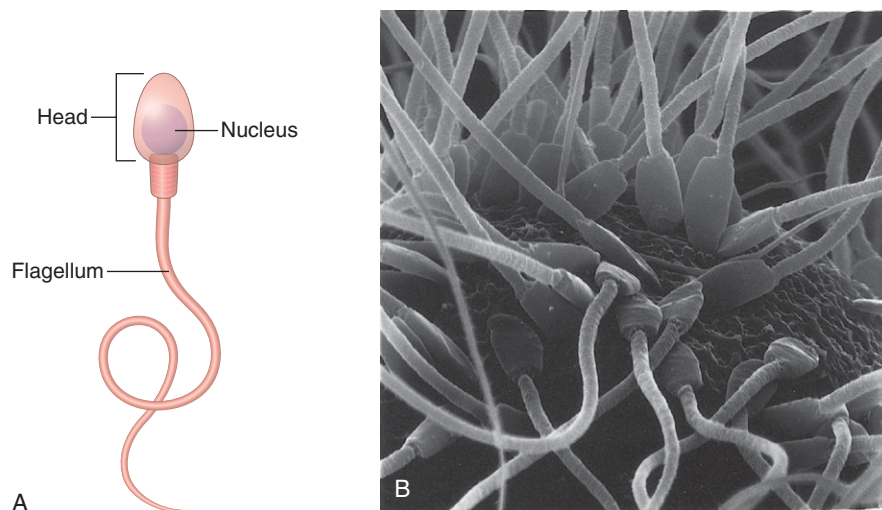


FIGURE 9-1 A, Sperm cell. B, Photograph of spermatozoa.

ANATOMY

Label Figure 9-2 as you study the following description of the anatomy of the male reproductive system.

Each male gonad is a **testis** [1]. There are two **testes** (plural) or **testicles** that develop in the abdomen at about the level of the kidneys before descending during embryonic development into the **scrotum** [2], a sac enclosing the testes on the outside of the body.

The scrotum, lying between the thighs, exposes the testes to a lower temperature than that of the rest of the body. This lower temperature is necessary for the adequate maturation and development of sperm (**spermatogenesis**). Located between the anus and the scrotum, at the floor of the pelvic cavity in the male, the **perineum** [3] is analogous to the perineal region in the female.

The interior of a testis is composed of a large mass of narrow, coiled tubules called the **seminiferous tubules** [4]. These tubules contain cells that manufacture spermatozoa. The seminiferous tubules are the **parenchymal tissue** of the testis, which means that they perform the essential work of the organ (formation of sperm). Other cells in the testis, lying adjacent to seminiferous tubules, are **interstitial cells**. They manufacture an important male hormone, **testosterone**.

All body organs contain **parenchyma**, which perform the essential functions of the organ. Organs also contain supportive, connective, and framework tissue, such as blood vessels, connective tissues, and sometimes muscle as well. This supportive tissue is called **stroma** (**stromal tissue**).

After formation, sperm cells move through the seminiferous tubules and collect in ducts that lead to a large tube, the **epididymis** [5], at the upper part of each testis. The spermatozoa

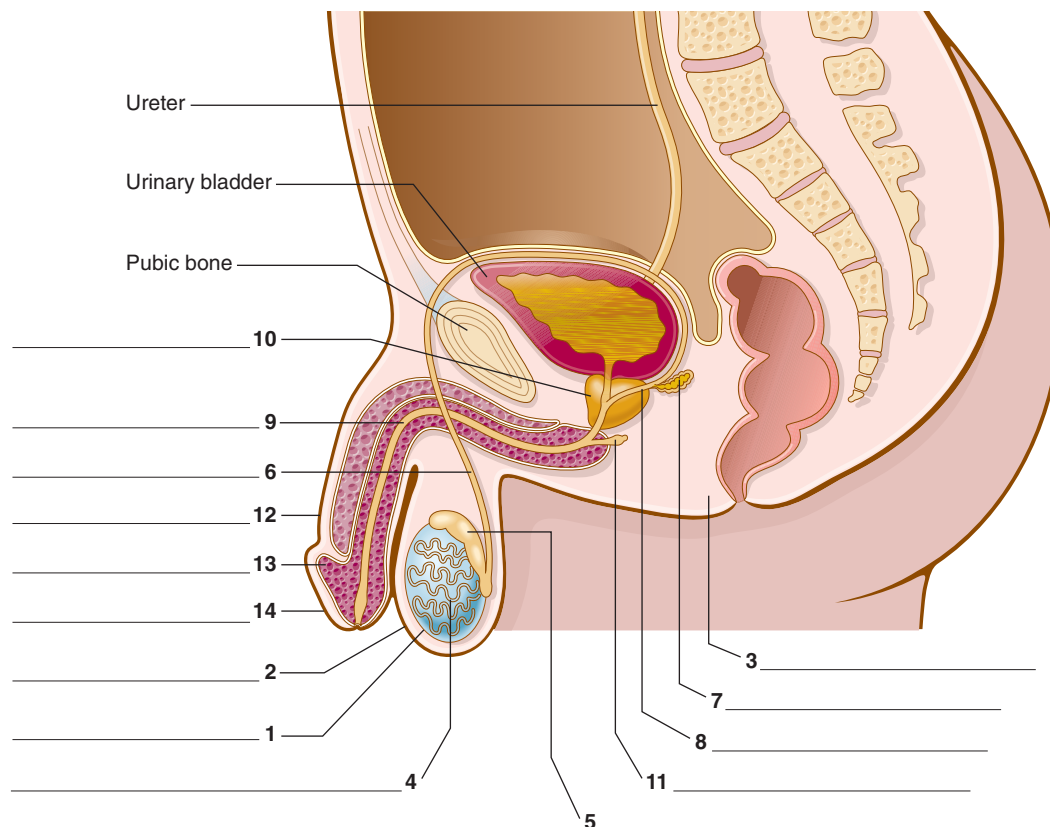


FIGURE 9-2 Male reproductive system, sagittal view.

mature, become motile in the epididymis, and are temporarily stored there. An epididymis runs down the length of each testicle (the coiled tube is about 16 feet long) and then turns upward again and becomes a narrow, straight tube called the **vas deferens** [6] or **ductus deferens**. Figure 9-3 shows the internal structure of a testis and the epididymis. The vas deferens is about 2 feet long and carries the sperm up into the pelvic region, at the level of the urinary bladder, merging with ducts from the **seminal vesicles** [7] to form the **ejaculatory duct** [8] leading toward the urethra. During a **vasectomy** or **sterilization** procedure, the urologist cuts and ties off each vas deferens by making an incision in the scrotum.

The seminal vesicles, two glands (only one is shown in Figure 9-2) located at the base of the bladder, open into the ejaculatory duct as it joins the **urethra** [9]. They secrete a thick, sugary, yellowish substance that nourishes the sperm cells and forms a portion of ejaculated semen. **Semen**, a combination of fluid (seminal fluid) and spermatozoa (sperm cells account for less than 1% of the semen volume), is ejected from the body through the urethra. In the male, as opposed to that in the female, the genital orifice combines with the urinary (urethral) opening.

The **prostate gland** [10] lies at the region where the vas deferens enters the urethra, almost encircling the upper end of the urethra. It secretes a thick fluid that, as part of semen, aids the motility of the sperm. The muscular tissue of the prostate aids in the expulsion of fluid during ejaculation. About 60% of ejaculate comes from seminal vesicles and 40% from the prostate. **Bulbourethral glands** [11], lying below the prostate gland, also secrete fluid into the urethra.

The urethra passes through the **penis** [12] to the outside of the body. The penis is composed of erectile tissue and at its tip expands to form a soft, sensitive region called the **glans penis** [13]. Ordinarily, a fold of skin called the **prepuce**, or **foreskin** [14], covers the glans penis. During a circumcision the foreskin is removed, leaving the glans penis visible at all times.

Erectile dysfunction (impotence) is the inability of the adult male to achieve an erection. Viagra (sildenafil), Cialis (tadalafil), and Levitra (vardenafil) are drugs that increase blood flow to the penis, enhancing ability to have an erection.

The flow diagram in Figure 9-4 traces the path of spermatozoa from their formation in the seminiferous tubules of the testes to the outside of the body.

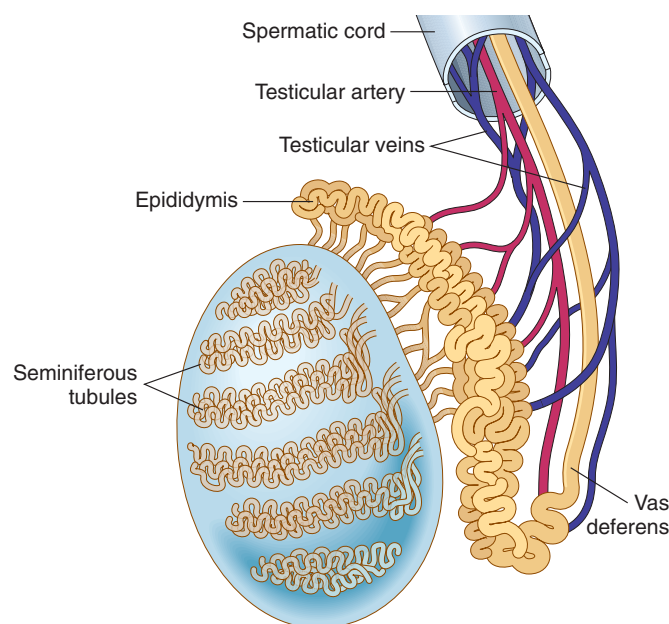


FIGURE 9-3 Internal structure of a testis and the epididymis.

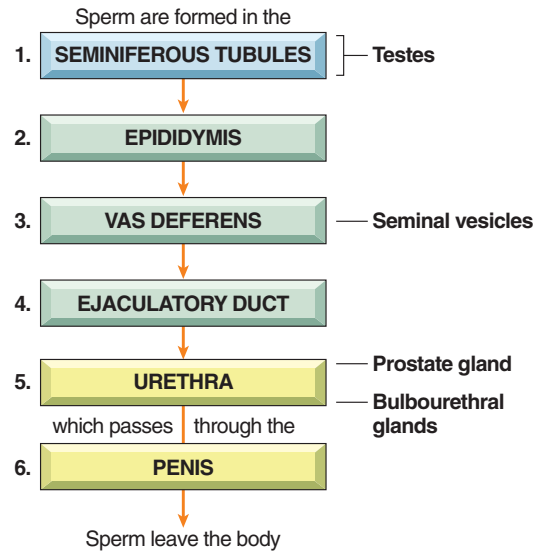


FIGURE 9-4 The passage of sperm from the seminiferous tubules in the testes to the outside of the body.



VOCABULARY

This list reviews new terms introduced in the text. Short definitions reinforce your understanding.

bulbourethral glands	Pair of exocrine glands near the male urethra. They secrete fluid into the urethra. Also called Cowper glands .
ejaculation	Ejection of sperm and fluid from the male urethra.
ejaculatory duct	Tube through which semen enters the male urethra.
epididymis (<i>plural: epididymides</i>)	One of a pair of long, tightly coiled tubes above each testis. It stores and carries sperm from seminiferous tubules to the vas deferens.
erectile dysfunction	Inability of an adult male to achieve an erection; impotence.
flagellum	Hair-like projection on a sperm cell that makes it motile (able to move).
fraternal twins	Two infants resulting from fertilization of two separate ova by two separate sperm cells (Figure 9-5).
glans penis	Sensitive tip of the penis; comparable to the clitoris in the female.

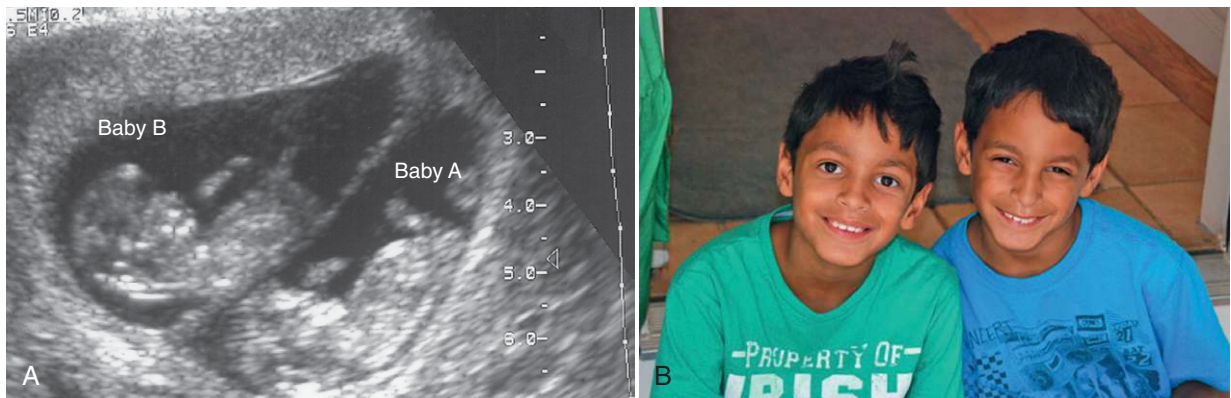


FIGURE 9-5 Fraternal twins. **A**, Notice the 6-week-old embryos in two separate amniotic sacs. **B**, Twins Marcos and Matheus De Como are 10 years old. (Courtesy Juliana Do Carmo.)

identical twins	Two infants resulting from division of one fertilized egg into two distinct embryos. Conjoined (“ Siamese ”) twins are incompletely separated identical twins.
interstitial cells of the testes	Specialized cells that lie adjacent to the seminiferous tubules in the testes. These cells produce testosterone and are also called Leydig cells .
parenchymal tissue	Essential distinctive cells of an organ. In the testis, the seminiferous tubules that produce sperm are parenchymal.
penis	Male external organ of reproduction.
perineum 	External region between the anus and scrotum in the male.
prepuce	Foreskin; fold of skin covering the tip of the penis.
prostate  gland	Exocrine gland at the base of the male urinary bladder. The prostate secretes one of the fluid parts of semen into the urethra during ejaculation.
scrotum	External sac that contains the testes.
semen 	Spermatozoa (sperm cells) and seminal fluid (prostatic and seminal vesicle secretions), discharged from the urethra during ejaculation.
seminal vesicles	Paired sac-like exocrine glands that secrete fluid (a major component of semen) into the vas deferens.
seminiferous tubules	Narrow, coiled tubules that produce sperm in the testes.
spermatozoon (<i>plural: spermatozoa</i>)	Sperm cell.
sterilization 	Procedure that removes a person’s ability to produce or release reproductive cells; removal of testicles, vasectomy, and oophorectomy are sterilization procedures.
stromal tissue	Supportive, connective tissue of an organ, as distinguished from its parenchyma. Also called stroma .
testis (<i>plural: testes</i>)	Male gonad (testicle) that produces spermatozoa and the hormone testosterone. <i>Remember:</i> Testis means one testicle, and testes are two testicles.
testosterone	Hormone secreted by the interstitial tissue of the testes; responsible for male sex characteristics.
vas deferens	Narrow tube (one on each side) carrying sperm from the epididymis toward the urethra. Also called ductus deferens .



Perineum/Peritoneum

Don't confuse *perineum*, which is the area between the anus and scrotum in the male and the anus and vagina in females, with the *peritoneum*, which is the membrane surrounding the abdominal cavity!



Prostate/Prostrate

Don't confuse *prostate* with *prostrate*, which means lying down.



Semen/Sperm

Don't confuse *semen* with *sperm*. *Semen* is the thick, whitish secretion discharged from the urethra during ejaculation. **Sperm (spermatozoa)** are cells that develop in the testes. Semen contains sperm.



Sterilization/Impotence

Don't confuse *sterilization*, which can be performed in men and women, with *impotence*, which is the inability of a male to sustain an erection or achieve ejaculation.



TERMINOLOGY

Write the meanings of the medical terms in the spaces provided.

COMBINING FORMS

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
andr/o	male	<u>androgen</u> _____ <i>Testosterone is an androgen. The testes in males and the adrenal glands in both men and women produce androgens.</i>	
balan/o	glans penis (Greek <i>balanos</i> , means acorn)	<u>balanitis</u> _____ <i>An inflammation usually caused by overgrowth of organisms (bacteria and yeast) (Figure 9-6A).</i>	
cry/o	cold	<u>cryogenic surgery</u> _____ <i>Technique for prostate cancer treatment using freezing temperatures to destroy cancer cells.</i>	
crypt/o	hidden	<u>cryptorchidism</u> _____ <i>In this congenital condition, one or both testicles do not descend, by the time of birth, into the scrotal sac from the abdominal cavity (Figure 9-6B).</i>	
epididym/o	epididymis	<u>epididymitis</u> _____ <i>This is an inflammation usually caused by bacteria. Signs and symptoms are fever, chills, pain in the groin, and tender, swollen epididymis.</i>	
gon/o	seed (Greek <i>gone</i> , seed)	<u>gonorrhea</u> _____ <i>See page 322.</i>	
hydr/o	water, fluid	<u>hydrocele</u> _____ <i>See page 320.</i>	

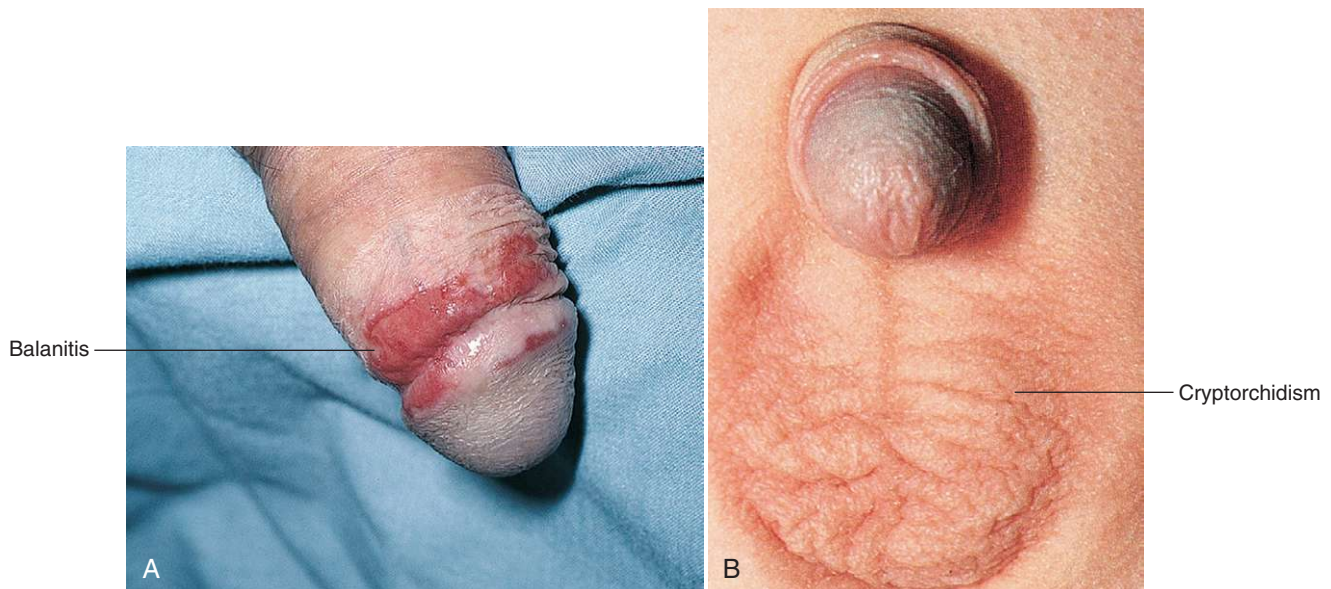




FIGURE 9-6 A, Balanitis. The **glans penis** (or **glans**) is the sensitive bulbous area at the distal end of the penis. B, Cryptorchidism.

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
orch/o, orchid/o 	testis, testicle	<u>orch</u> iectiony _____ <i>Castration in males. (Also called orchidectomy.)</i>	
		<u>orch</u> itis _____ <i>Caused by injury or by the mumps virus, which also infects the salivary glands.</i>	
pen/o	penis	<u>pen</u> ile _____ <i>-ile means pertaining to.</i>	
		<u>pen</u> oscrotal _____	
prostat/o	prostate gland	<u>prostat</u> itis _____ <i>Bacterial (E. coli) prostatitis often is associated with urethritis and infection of the lower urinary tract.</i>	
		<u>prostat</u> ectomy _____	
semin/i	semen, seed	<u>semin</u> iferous tubules _____ <i>The suffix -ferous means pertaining to bearing, or bearing or carrying.</i>	
sperm/o, spermat/o	spermatozoa, semen	<u>sperm</u> olytic _____ <i>Noun suffixes ending in -sis, like -lysis, form adjectives by dropping the -sis and adding -tic.</i>	
		oligo <u>sperm</u> ia _____	
		as <u>perm</u> ia _____ <i>Lack of semen (sperm and fluid). One cause of aspermia is retrograde ejaculation (sperm flows backward into the urinary bladder) as a result of prostate surgery.</i>	
terat/o	monster (Greek <i>teras</i> , monster)	<u>terat</u> oma _____ <i>This tumor occurs in the testes or ovaries and is composed of different types of tissue, such as bone, hair, cartilage, and skin cells. Teratomas in the testes are malignant.</i>	
test/o	testis, testicle	<u>testic</u> ular _____ <i>The term testis originates from a Latin term meaning witness. In ancient times men would take an oath with one hand on their testes, swearing by their manhood to tell the truth.</i>	
varic/o	varicose veins	<u>varic</u> ocele _____ <i>A collection of varicose (swollen, twisted) veins above the testis. See page 320.</i>	
vas/o	vessel, duct; vas deferens	<u>vas</u> ectomy _____ <i>See page 326. Remember: in this term, vas/o refers to the vas deferens, and not to any other vessel or duct.</i>	



Derivation of orchid/o

This combining form is derived from the Greek word *orchis* (testicle). The botanical name for orchid, the flower, is also derived from the same Greek word because of the fleshy tubers of the plant.

If detected early, testicular cancers  can be treated and cured with surgery (orchiectomy), radiotherapy, and chemotherapy. Tumors produce the proteins **human chorionic gonadotropin (hCG)** and **alpha-fetoprotein (AFP)**. Serum levels of these proteins are used as **tumor markers** to determine success of treatment.

cryptorchidism; cryptorchism

Undescended testicles.

Orchiopexy is performed to bring the testes into the scrotum, if they do not descend on their own by the age of 1 or 2 years. Undescended testicles are associated with a high risk for sterility and increased risk of developing testicular cancer.

hydrocele

Sac of clear fluid in the scrotum.

Hydroceles (Figure 9-8) may be congenital or occur as a response to infection or tumors. Often idiopathic, they can be differentiated from testicular masses by ultrasound imaging. If the hydrocele does not resolve on its own, the sac fluid is aspirated using a needle and syringe, or hydrocelectomy may be necessary. In this procedure, the sac is surgically removed through an incision in the scrotum.

testicular torsion

Twisting of the spermatic cord (see Figure 9-8).

The rotation of the spermatic cord cuts off blood supply to the testis. Torsion occurs most frequently in childhood. Surgical correction within hours of onset of symptoms can save the testis.

varicocele

Enlarged, dilated veins near the testicle.

Varicocele (see Figure 9-8) may be associated with oligospermia and azoospermia. Oligospermic men with varicocele and scrotal pain should have a varicocelectomy. In this procedure, the internal spermatic vein is ligated (the affected segment is cut out and the ends are tied off). On occasion, this leads to an increase in fertility.

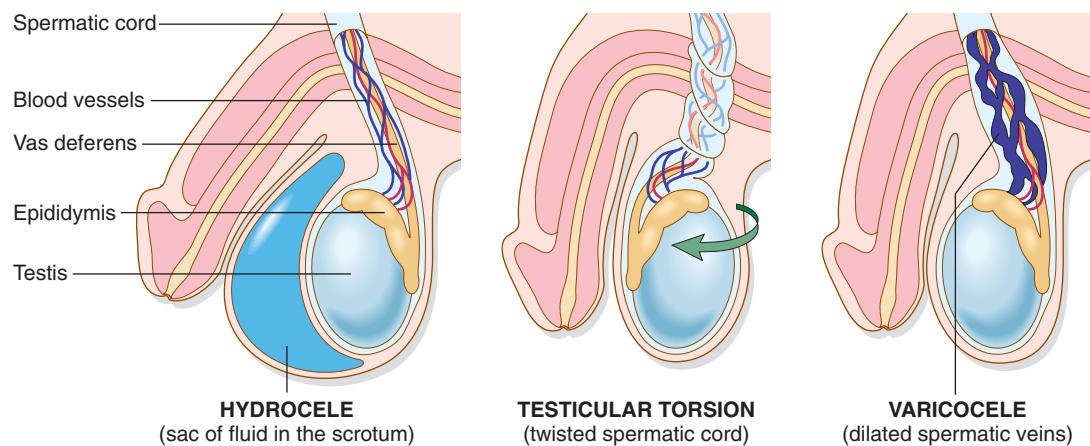


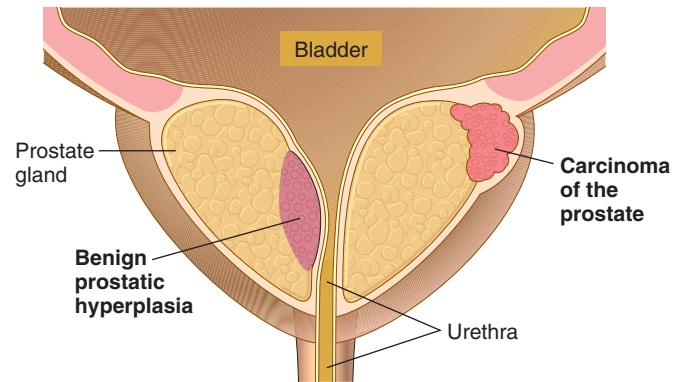
FIGURE 9-8 Hydrocele, testicular torsion, and varicocele.



Testicular Cancer Detection

There may be no signs or symptoms of testicular cancer. Regular testicular self-examinations, however, can help identify growths earlier, when the chance for successful treatment is highest. A man should see a doctor if he detects any mass, pain, or swelling in his scrotum.

FIGURE 9-9 The prostate gland with carcinoma and benign prostatic hyperplasia (BPH). Carcinoma usually arises around the sides of the gland, whereas BPH occurs in the center of the gland. Because prostate cancers are located more peripherally, they can be palpated on digital rectal exam (DRE).



Prostate Gland

benign prostatic hyperplasia (BPH)

Benign growth of cells within the prostate gland.

BPH is a common condition in men older than 60 years of age. Urinary obstruction and inability to empty the bladder completely are symptoms. Figure 9-9 shows the prostate gland with BPH and with carcinoma. Surgical treatment by **transurethral resection of the prostate (TURP)** relieves the obstruction, but overgrowth of cells may recur over several years. In this procedure, an endoscope (resectoscope) is inserted into the penis and through the urethra. Prostatic tissue is removed by an electrical hot loop attached to the resectoscope (see page 325).

Several drugs to relieve BPH symptoms have been approved by the FDA. Finasteride (Proscar) inhibits production of a potent testosterone that promotes enlargement of the prostate. Other drugs, alpha-blockers such as tamsulosin (Flomax), act by relaxing the smooth muscle of the prostate and the neck of the bladder.

Lasers also may be used to destroy prostatic tissue and relieve obstruction. A **laser TURP** or **GreenLight PVP** procedure uses a green light laser at the end of an endoscope (see page 325).

carcinoma of the prostate (prostate cancer)

Malignant tumor (adenocarcinoma) of the prostate gland.

This cancer commonly occurs in men who are older than 50 years. **Digital rectal examination (DRE)** (Figure 9-10) can detect the tumor at a later stage, but early detection depends on a **prostate-specific antigen (PSA) test**. PSA is a protein that is secreted by tumor cells into the bloodstream. PSA levels are elevated in prostate cancer patients even at an early stage of tumor growth. The normal PSA level is 4.0 ng/mL or less.

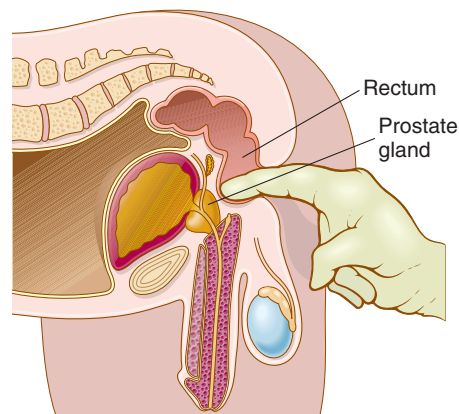


FIGURE 9-10 Digital rectal examination (DRE) of the prostate gland.

Diagnosis requires identification by a pathologist of abnormal prostate tissue in a prostate biopsy. **Transrectal ultrasound (TRUS)** guides the precise placement of the biopsy needle. Multiple needle biopsy specimens are taken through the rectal wall. Computed tomography (CT) detects lymph node metastases.

Treatment consists of surgery (prostatectomy), radiation therapy, and/or hormonal chemotherapy. Because prostatic cells are stimulated to grow in the presence of androgens, antiandrogen hormones slow tumor growth by depriving the cells of testosterone. Prostate cancer also is treated with leupron, a hormone that blocks pituitary stimulation of the testes and reduces the level of androgens in the bloodstream. Tumor cells can also be destroyed by brachytherapy (brachy = near), which means that radioactive seeds are implanted directly into the prostate gland. See the *“In Person”* account, page 329, describing one man’s experience with prostate cancer.

Penis

hypospadias

Congenital abnormality in which the male urethral opening is on the undersurface of the penis, instead of at its tip.

Hypospadias (-spadias means the condition of tearing or cutting) occurs in 1 in every 300 live male births and can be corrected surgically (Figure 9-11A).

phimosis

Narrowing (stricture) of the opening of the prepuce over the glans penis.

This condition (phim/o = muzzle) can interfere with urination and cause secretions to accumulate under the prepuce, leading to infection. Treatment is by circumcision (cutting around the prepuce to remove it) (Figure 9-11B).

9

SEXUALLY TRANSMITTED DISEASES

Sexually transmitted diseases (STDs) are infections transmitted by sexual or other genital contact. Also known as **sexually transmitted infections (STIs)** and venereal diseases (from Latin *Venus*, the goddess of love), they occur in both men and women and are some of the most prevalent communicable diseases in the world.

chlamydial infection

Bacterial invasion (by *Chlamydia trachomatis*) of the urethra and reproductive tract.

Within 3 weeks after becoming infected, men may experience a burning sensation on urination and notice a white or clear discharge from the penis.

Infected women may notice a yellowish vaginal discharge (from the endocervix), but often the disease is asymptomatic. Antibiotics cure the infection, but if untreated, this STD can cause salpingitis (pelvic inflammatory disease [PID]) and infertility in women.

gonorrhea

Inflammation of the genital tract mucosa, caused by infection with gonococci (berry-shaped bacteria).

Other areas of the body, such as the eye, oral mucosa, rectum, and joints, may be affected as well. Signs and symptoms include dysuria and a yellow, mucopurulent (**purulent** means pus-filled) discharge from the male urethra (Figure 9-12A). The ancient Greeks mistakenly thought that this discharge was a leakage of semen, so they named the condition gonorrhea, meaning discharge of seed (gon/o = seed).

Many women carry the disease asymptotically, whereas others have pain, vaginal and urethral discharge, and salpingitis (PID). As a result of sexual activity, men and women can acquire anorectal and pharyngeal gonococcal infections as well. Chlamydial infection and gonorrhea often occur together. When treating these infections, doctors give antibiotics for both and treat both partners.

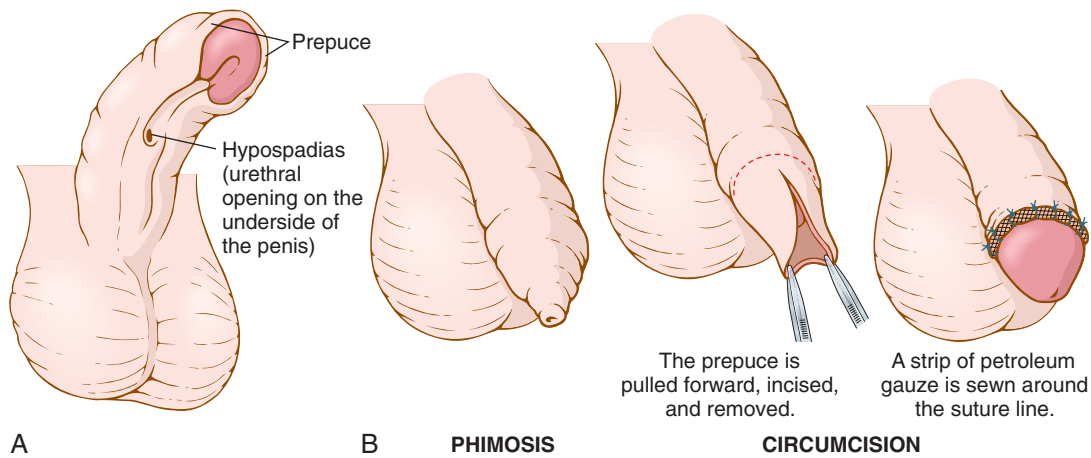


FIGURE 9-11 A, Hypospadias. Surgical repair involves elongating the urethra by using surrounding tissue or using a graft from tissue elsewhere in the body and bringing it to the exit at the tip of the penis. B, Phimosis and circumcision to correct the condition.

herpes genitalis

Infection of skin and genital mucosa, caused by the herpes simplex virus (HSV).

Most cases of herpes genitalis are caused by HSV type 2 (although some are caused by HSV type 1, which commonly is associated with oral infections such as cold sores or fever blisters). The usual clinical presentation is reddening of skin with formation of small, **fluid-filled blisters** and ulcers (Figure 9-12B). Initial episodes also may involve inguinal lymphadenopathy, fever, headache, and malaise. Remissions and relapse periods occur; no drug is known to be effective as a cure. Neonatal herpes affects infants born to women with active infection near the time of delivery. Gynecologists may deliver infants by cesarean section to prevent infection of these babies by HSV. Studies suggest that women with herpes genitalis are at a higher risk for developing vulvar and cervical cancer.

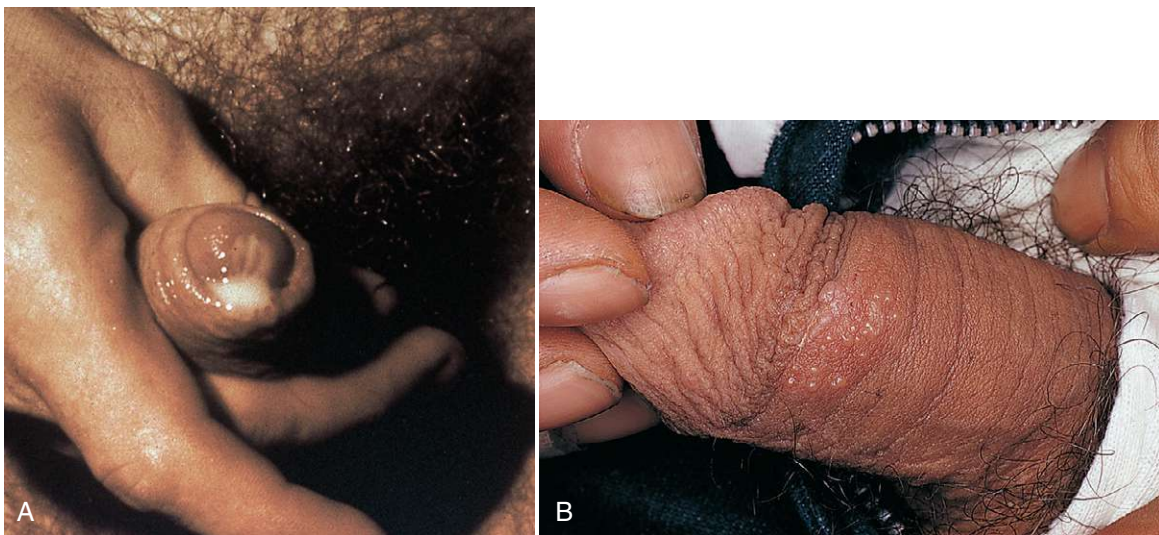


FIGURE 9-12 A, Gonorrhea. Discharge from the penis can be seen. B, Herpes genitalis. The classic blisters (vesicles) are evident.

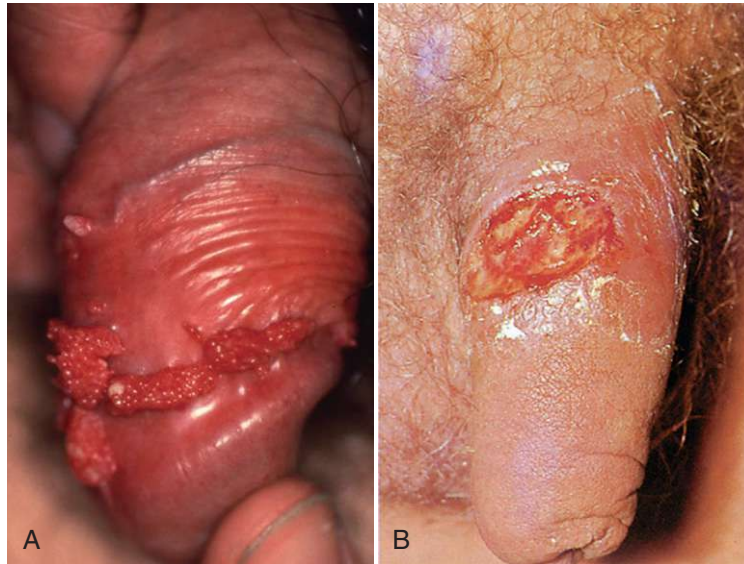


FIGURE 9-13 A, Genital warts. B, Primary syphilis with chancre on penis.

human papillomavirus (HPV) infection

Infection of the skin and mucous membranes in the anogenital region by the human papillomavirus.

Some types of HPV cause **genital warts** (see Figure 9-13A) and lead to cancer of the cervix as well as cancer in men. A vaccine is available for young girls and women (and under evaluation for men) that protects against four types of HPV.

syphilis

Chronic STD caused by a spirochete (spiral-shaped bacterium).

A **chancre** (hard ulcer or sore) usually appears on the external genitalia a few weeks after bacterial infection (Figure 9-13B). Two to six months after the chancre disappears, secondary syphilis begins. Tertiary syphilis includes damage to the brain, spinal cord, and heart, which may appear years after the earlier symptoms disappear. Syphilis (which was so often fatal in early times that it was known as the “great pox”—versus the more familiar smallpox) can be congenital in the fetus if it is transmitted from the mother during pregnancy. Penicillin is effective for treatment in most cases.

LABORATORY TESTS AND CLINICAL PROCEDURES

LABORATORY TESTS

PSA test

Measurement of levels of prostate-specific antigen (PSA) in the blood.

PSA is produced by cells within the prostate gland. Elevated levels of PSA are associated with enlargement of the prostate gland and may be a sign of prostate cancer.

semen analysis

Microscopic examination of ejaculated fluid.

Sperm cells are counted and examined for motility and shape. The test is part of fertility studies and is required to establish the effectiveness of vasectomy. Men with sperm counts of less than 20 million/mL of semen usually are sterile (not fertile). Sterility can result in an adult male who becomes ill with mumps, an infectious disease affecting the testes (inflammation leads to deterioration of spermatozoa).

CLINICAL PROCEDURES

castration

Surgical excision of testicles or ovaries.

Castration may be performed to reduce production and secretion of hormones that stimulate growth of malignant cells (in breast cancer and prostate cancer). When a boy is castrated before puberty, he becomes a eunuch (Greek, *eune*, couch; *echein*, to guard). Male secondary sex characteristics fail to develop.

circumcision

Surgical procedure to remove the prepuce of the penis.

See Figure 9-11B, page 323.

digital rectal examination (DRE)

Finger palpation through the anal canal and rectum to examine the prostate gland.

See Figure 9-10, page 321.

photoselective vaporization of the prostate (GreenLight PVP)

Removal of tissue to treat benign prostatic hyperplasia (BPH) using a green light laser (laser TURP).

This minimally invasive procedure in selected cases replaces TURP for treatment of BPH.

transurethral resection of the prostate (TURP)

Excision of benign prostatic hyperplasia using a resectoscope through the urethra.

This procedure treats benign prostatic hyperplasia (BPH). An electrical hot loop cuts the prostatic tissue; the bits of tissue (chips) are removed through the resectoscope (Figure 9-14).

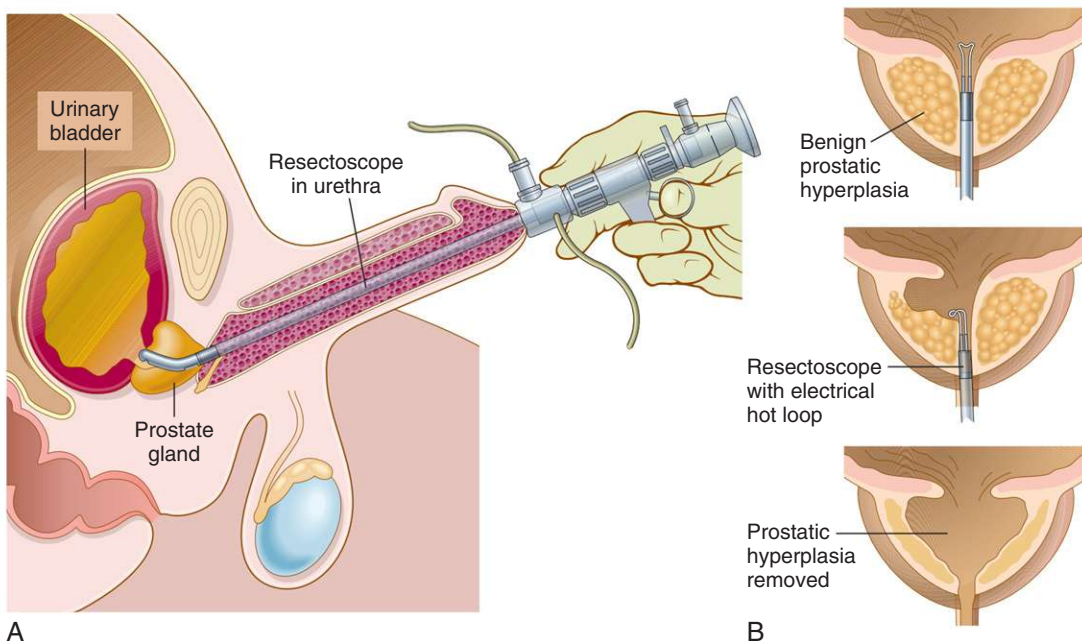


FIGURE 9-14 Transurethral resection of the prostate (TURP). **A,** The resectoscope contains a light, valves for controlling irrigating fluid, and an electrical loop that cuts tissue and seals blood vessels. **B,** The urologist uses a wire loop through the resectoscope to remove obstructing tissue one piece at a time. The pieces are carried by the fluid into the bladder and flushed out at the end of the operation.

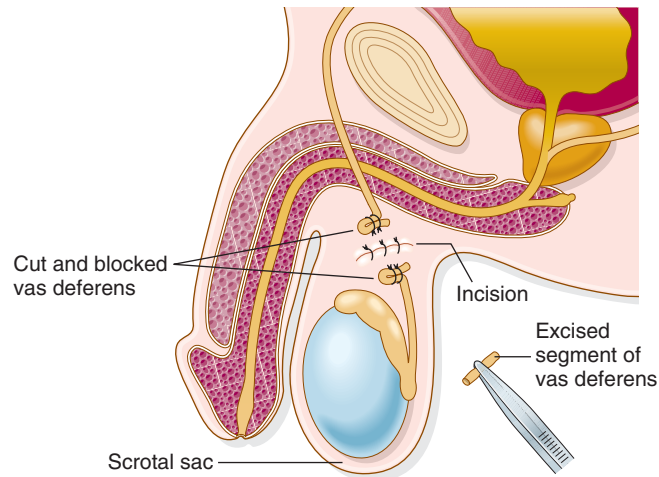


FIGURE 9-15 Vasectomy.

vasectomy**Bilateral surgical removal of a part of the vas deferens.**

A urologist cuts the vas deferens on each side, removes a piece, and performs a **ligation** (tying and binding off) of the free ends with sutures (Figure 9-15). The procedure is performed using local anesthesia and through an incision in the scrotal sac. Because spermatozoa cannot leave the body, the vasectomized male is sterile, but not castrated. Normal hormone secretion, sex drive, and potency (ability to have an erection) are intact. The body reabsorbs unexpelled sperm. In a small number of cases, a vasovasostomy can successfully reverse vasectomy.

9

**ABBREVIATIONS**

BPH	benign prostatic hyperplasia (also called benign prostatic hypertrophy)	RPR	rapid plasma reagin [test]; a test for syphilis
DRE	digital rectal examination	STD	sexually transmitted disease
ED	erectile dysfunction	STI	sexually transmitted infection
GU	genitourinary	TRUS	transrectal ultrasound [examination]; test to assess the prostate and guide precise placement of a biopsy needle
HPV	human papillomavirus	TUIP	transurethral incision of the prostate; successful in less enlarged prostates and less invasive than TURP
HSV	herpes simplex virus	TUMT	transurethral microwave thermotherapy
NSU	nonspecific urethritis (not due to gonorrhea or chlamydial infection)	TUNA	transurethral needle ablation; radiofrequency energy destroys prostate tissue
PID	pelvic inflammatory disease	TURP	transurethral resection of the prostate
PIN	prostatic intraepithelial neoplasia; a precursor of prostate cancer		
PSA	prostate-specific antigen		
PVP	photoselective vaporization of the prostate; GreenLight PVP		



PRACTICAL APPLICATIONS

Reproduced here from actual medical records is a case report on a patient with post-TURP complaints. Background data and explanations of more difficult terms are added in brackets. Answers to the questions are on page 337.

Also presented for your review is an actual surgical pathology report for a man diagnosed with prostate cancer, as well as a summary of current knowledge on anabolic steroids.

CASE REPORT: A MAN WITH POST-TURP COMPLAINTS

The patient is a 70-year-old man who underwent a TURP for BPH 5 years ago and now has severe obstructive urinary symptoms with a large postvoid residual.

On DRE, his prostate was found to be large, bulky, and nodular, with palpable extension to the left seminal vesicle. His PSA level was 15 ng/mL [normal is 0 to 4 ng/mL] and a bone scan was negative. A CT scan revealed bilateral external iliac adenopathy with lymph nodes measuring 1.5 cm on average [normal lymph node size is less than 1 cm]. A prostatic biopsy revealed a poorly differentiated adenocarcinoma.

This patient most likely has at least stage T3 N+ disease [extension into seminal vesicles and nodal metastases]. Recommendation is anti-testosterone hormonal drug treatment.

Questions about the Case Report

1. Five years previously, the patient had which type of surgery?
 - a. Removal of testicles
 - b. Perineal prostatectomy
 - c. Partial prostatectomy (transurethral)
2. What was the reason for the surgery then?
 - a. Cryptorchidism
 - b. Benign overgrowth of the prostate gland
 - c. Testicular cancer
3. What symptom does he have now?
 - a. Burning pain on urination
 - b. Urinary retention
 - c. Premature ejaculation
4. What examination allowed the physician to feel the tumor?
 - a. Palpation by a finger inserted into the rectum
 - b. CT scan
 - c. Prostate-specific antigen test
5. Where had the tumor spread?
 - a. Testes
 - b. Pelvic lymph nodes and left seminal vesicle
 - c. Pelvic bone
6. What is likely to stimulate prostatic adenocarcinoma growth?
 - a. Hormonal drug treatment
 - b. Prostatic biopsy
 - c. Testosterone secretion

7. Stage T3 N+ means that the tumor
 - a. Is localized to the hip area
 - b. Is confined to the prostate gland
 - c. Has spread locally and beyond lymph nodes
8. Why is staging of tumors important?
 - a. To classify the extent of spread of the tumor and to plan treatment
 - b. To make the initial diagnosis
 - c. To make an adequate biopsy of the tumor

SURGICAL PATHOLOGY REPORT: PROSTATE CANCER/HYPERPLASIA

Patient name: Bill Scott

DOB: 9/14/1942 (Age: 69)


Gender: M

Clinical Data: ?Nodule, right side of prostate; PSA 7.1

Specimen(s):

- A. Right prostate biopsy
- B. Left prostate biopsy

FINAL PATHOLOGIC DIAGNOSIS

- A. Needle biopsy of right prostate gland (six cores)
 ADENOCARCINOMA, MODERATELY TO POORLY DIFFERENTIATED
 Gleason score $4 + 3 = 7$ 
 Estimated tumor load, 10% of prostatic tissue
 Represented in both specimens A and B
- B. Needle biopsy of left prostate gland
 BENIGN HYPERPLASIA

ABOUT ANABOLIC STEROIDS

Anabolic steroids are male hormones (androgens) that increase body weight and muscle size and may be used by doctors to increase growth in boys who do not mature physically as expected for their age. Steroids also may be used by athletes in an effort to increase strength and enhance performance; however, significant detrimental side effects of these drugs have been recognized:

- High levels of anabolic steroids cause acne, hepatic tumors, and sterility (testicular atrophy and oligospermia).
- In women, the androgenic effect of anabolic steroids leads to male hair distribution, deepening of the voice, amenorrhea, and clitoral enlargement.
- Anabolic steroid use also causes hypercholesterolemia, hypertension, jaundice (liver abnormalities), and salt and water retention (edema).



Gleason Score

The Gleason score (named after Dr. Donald Gleason, a pathologist who developed it in the 1960s) is based on the microscopic appearance of the prostate biopsy specimen. Cancers with a higher Gleason score are more aggressive and carry a worse prognosis. The pathologist assigns a grade (number) to the most common tumor cells and another to the next most common tumor cells. Adding these numbers together gives the Gleason score. The score is based on a scale from 1 to 5. More well-differentiated (closer to normal) cells are given a lower grade, and poorly differentiated (malignant) cells are given a higher grade.



IN PERSON

This is a first-person narrative of a man diagnosed with prostate cancer.

As with many men in their late 50s, the PSA prostate-related lab test was the first item I would always look at when having my annual physical. Over a few years, the PSA had been going up gradually, but nothing that seemed to indicate anything unusual. So it was a bit of a surprise when my primary care doctor suggested that it might be time to have a further medical review of the slowly increasing results. The PSA was 4.37 (4.0 or less is considered normal).

Being in good overall health, I expected the follow-up prostate exam and biopsy to be of a routine nature. It was with great surprise that the prostate biopsy showed that 3 of 12 samples were positive for cancerous cells. My Gleason score was 6 (3 + 3). This situation was described to me as favorable, an early-stage cancer. Nevertheless, I had no idea of the treatment options available.

I decided that the best way to reach a decision for a treatment plan was to get together with the doctors at the Mass General Cancer Center in the genitourinary area, have my situation reviewed and to learn more about my options. I realized that the possibilities ranged widely, including watchful waiting, external radiation, internal radiation, and prostate surgery (prostatectomy). In the end, the decision becomes your own in early-stage prostate cancer, and that, in itself, can leave you second guessing the choice numerous times.

After careful thought and review of the information with my physicians and family, I decided to pursue the internal radiation option, or brachytherapy, often referred to as implantation of radiation seeds. Even up to the time of the procedure, the question remained with me as to whether I was making the right choice: should I wait a while and just see how things go, and would there be any of the unlikely side effects that are noted for this procedure? When the time came, I decided to go forward and had the procedure done at MGH. The entire medical team there made the process from start to completion as successful an event as one could hope for. The best news was that after the procedure, my PSA dropped to 2.5.

Now a year has passed, and I am happy to see that the PSA has continued downward. The long-term side effects of the brachytherapy procedure were related to urination and erectile dysfunction. While urination post-procedure was painful, discomfort dissipated within a week or so. Long term, managing the control of urination was an issue, but after a year it has definitely improved. Erectile dysfunction after any type of prostate procedure is an issue. I found it to be a major effect early on, but less as time progressed. There is still the required monitoring and checkups needed to see that nothing further develops from here on, but taking warning signs seriously, educating yourself, and making an informed decision with the help of the best medical team possible will make you feel good about your choices.

Kevin Mahoney is a U.S. Veteran, now working as a Program Manager. He enjoys spending time with his family, including his wife, children and grandchildren.





EXERCISES

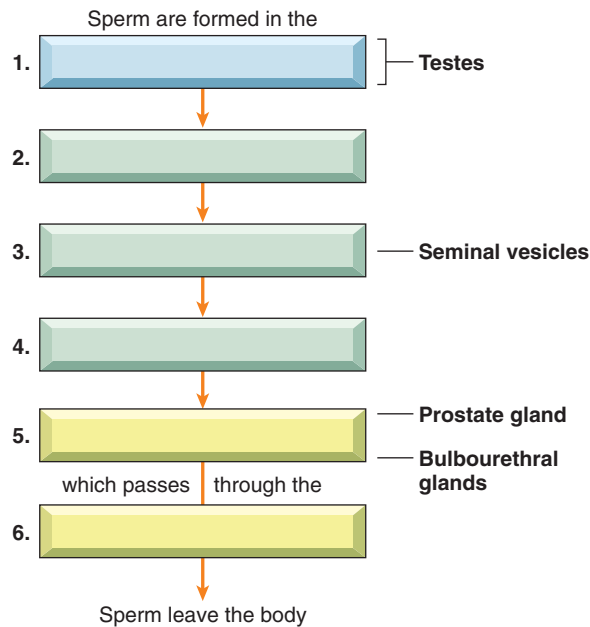
Remember to check your answers carefully with those given in the Answers to Exercises, page 336.

A Using the terms below, fill in the flow chart showing the passage of sperm.

epididymis
ejaculatory duct

penis
seminiferous tubules

urethra
vas deferens



B Select from the following terms to match the descriptions below.

bulbourethral glands
epididymis
prepuce
prostate gland

scrotum
seminal vesicles
seminiferous tubules

spermatozoon
testis
vas deferens

1. one of a pair of long, tightly coiled tubes above each testis; carries and stores sperm _____
2. exocrine gland at the base of the male urinary bladder _____
3. narrow coiled tubules that produce sperm in the testes _____
4. sperm cell _____
5. foreskin _____
6. male gonad; produces testosterone and sperm cells _____
7. paired sac-like exocrine glands that secrete fluid into the vas deferens _____
8. external sac that contains the testes _____
9. narrow tube carrying sperm from the epididymis toward the urethra _____
10. pair of exocrine glands near the male urethra; Cowper glands _____

C Select from the following terms to match the descriptions below.

ejaculation
ejaculatory duct
erectile dysfunction
flagellum

fraternal twins
glans penis
identical twins

interstitial cells
parenchymal tissue
perineum

1. hair-like projection on a sperm cell that makes it motile _____
2. sensitive tip of the penis _____
3. tube through which semen enters the urethra _____
4. two infants resulting from division of one fertilized egg into separate embryos _____
5. external region between the anus and scrotum _____
6. essential distinctive cells of an organ _____
7. two infants resulting from fertilization of two ova by two sperm cells _____
8. inability of an adult male to achieve erection; impotence _____
9. specialized cells that lie adjacent to the seminiferous tubules _____
10. ejection of sperm and fluid from the urethra _____

D Match the following terms with their descriptions.

aspermia
azoospermia
impotence
oligospermia

penis
semen
sterilization

stromal tissue
testicle
testosterone

1. male external organ of reproduction _____
2. sperm cells and seminal fluid _____
3. hormone secreted by interstitial cells of the testes _____
4. supportive connective tissue of an organ _____
5. lack of semen _____
6. lack of sperm cells in semen _____
7. procedure that removes a person's ability to produce or release reproductive cells _____
8. semen with a low concentration of sperm _____
9. male gonad _____
10. inability of a male to sustain or achieve an erection _____

E Build medical terms for the following definitions. Parts of words are given.

1. inflammation of the testes: _____itis
2. inflammation of the tube that carries the spermatozoa to the vas deferens:
_____itis
3. resection of the prostate gland: _____ectomy
4. inflammation of the prostate gland: _____itis
5. process of producing (the formation of) sperm cells: _____genesis
6. fixation of undescended testicle: orchio_____
7. inflammation of the glans penis: _____itis
8. condition of scanty sperm: _____spermia
9. lack of semen: a_____
10. pertaining to a testicle: _____ar

F Answer true or false

1. _____ Cryogenic surgery uses cold temperatures to destroy tissue.
2. _____ Estrogen is an example of an androgen.
3. _____ Castration (orchiectomy or oophorectomy) is an example of sterilization.
4. _____ A teratoma is a benign tumor of the prostate gland.
5. _____ Spermatogenesis means formation of sperm.
6. _____ Balanitis is inflammation of a testicle.
7. _____ Azoospermia causes infertility.
8. _____ Aspermia can result from retrograde ejaculation.
9. _____ Seminiferous tubules are the interstitial cells of the testes.
10. _____ Testosterone is produced by the parenchymal tissue of the testes.
11. _____ Vasectomy produces impotence.
12. _____ Vasovasostomy is an anastomosis that can restore fertility (ability to reproduce offspring).

G Match the term in Column I with its meaning in Column II. Write the correct letter in the space provided.

COLUMN I

1. castration _____
2. semen analysis _____
3. ejaculation _____
4. purulent _____
5. vasectomy _____
6. circumcision _____
7. ligation _____
8. cryosurgery _____
9. seminoma _____
10. phimosis _____

COLUMN II

- A. to tie off or bind
- B. removal of a piece of the vas deferens
- C. orchiectomy
- D. removal of the prepuce
- E. destruction of tissue by freezing
- F. pus-filled
- G. test of fertility (reproductive ability)
- H. ejection of sperm and fluid from the urethra
- I. narrowing (stricture) of the opening of the prepuce over the glans penis
- J. malignant tumor of the testis

H Select from the following terms to fit the descriptions below.

adenocarcinoma of the prostate
benign prostatic hyperplasia
cryptorchidism
gonorrhea

herpes genitalis
human HPV infection
hydrocele

hypospadias
syphilis
varicocele

1. prostatic enlargement, nonmalignant _____
2. opening of the urethra on the undersurface of the penis _____
3. infection of skin and genital mucosa with HSV _____
4. malignant tumor of the prostate gland _____
5. enlarged, swollen veins near the testes _____
6. sexually transmitted disease with primary stage marked by formation of a chancre _____
7. infection of the skin and mucous membranes in the anogenital region by human papillomavirus

8. STD caused by berry-shaped bacteria and marked by inflammation of genital mucosa and mucopurulent discharge _____
9. undescended testicles _____
10. sac of clear fluid in the scrotum _____

I Spell out the abbreviations in Column I. Then match each abbreviation with its correct meaning from Column II.

COLUMN I

1. PSA _____
2. BPH _____
3. TURP _____
4. TRUS _____
5. DRE _____
6. HSV _____
7. STD _____

COLUMN II

- A. Manual diagnostic procedure to examine the prostate gland
- B. Relieves symptoms of prostate gland enlargement
- C. Etiologic agent of a sexually transmitted disease characterized by blister formation
- D. Noncancerous enlargement of the prostate gland
- E. Chlamydial infection, gonorrhea, and syphilis are examples of this general category of infections
- F. Helpful procedure in guiding a prostatic biopsy needle
- G. High serum levels of this protein indicate prostatic carcinoma

J Give the meanings of the following word parts.

- | | |
|--------------------|-------------------|
| 1. -one _____ | 11. gon/o _____ |
| 2. -stomy _____ | 12. hydr/o _____ |
| 3. semin/i _____ | 13. pen/o _____ |
| 4. -cele _____ | 14. balan/o _____ |
| 5. -pexy _____ | 15. varic/o _____ |
| 6. -genesis _____ | 16. vas/o _____ |
| 7. -plasia _____ | 17. test/o _____ |
| 8. prostat/o _____ | 18. zo/o _____ |
| 9. orch/o _____ | 19. crypt/o _____ |
| 10. terat/o _____ | 20. andr/o _____ |

K Match the following surgical procedures with the reasons they would be performed.

circumcision	photoselective vaporization of	varicocelelectomy
hydrocelelectomy	the prostate	vasectomy
orchiectomy	radical (complete)	vasovasostomy
orchiopexy	prostatectomy	

1. carcinoma of the prostate gland _____
2. cryptorchidism _____
3. sterilization (hormones remain and potency is not impaired) _____
4. benign prostatic hyperplasia _____
5. abnormal collection of fluid in a scrotal sac _____
6. reversal of sterilization procedure _____
7. embryonal carcinoma of the testes _____
8. phimosis _____
9. ligation of swollen, twisted veins above the testes _____

L Use the given definitions to complete the terms. Check your answers carefully.

1. gland at the base of the urinary bladder in males: pro_____ gland
2. coiled tube on top of each testis: epi_____
3. essential tissue of an organ: par_____ tissue
4. foreskin: pre_____
5. bacterial infection that invades the urethra and reproductive tract of men and women and is the major cause of nonspecific urethritis in males and cervicitis in females:
ch_____
6. ulcer that forms on genital organs after infection with syphilis: ch_____
7. androgen produced by the interstitial cells of the testis: test_____
8. fluid secreted by male reproductive glands and ejaculated with sperm: se_____
9. malignant tumor of the testis: sem_____
10. pertaining to the penis: pen_____

M Circle the correct term(s) to complete the following sentences.

1. When Fred was a newborn infant, his doctors could feel only one testicle within the scrotum and suggested close monitoring of his condition of (**gonorrhea, cryptorchidism, benign prostatic hyperplasia**).
2. Bob had many sexual partners, one of whom had been diagnosed with (**testosterone, phimosis, chlamydial infection**), a highly communicable STD.
3. At age 65, Mike had some difficulty with urgency and discomfort when urinating. His doctor did a digital rectal examination to examine his (**prostate gland, urinary bladder, vas deferens**).

4. Just after Nick's birth, his parents had a difficult time deciding whether to have their infant son undergo (**TURP, castration, circumcision**).
5. Ted noticed a hard ulcer on his penis and made an appointment with his doctor, a (**gastroenterologist, gynecologist, urologist**). The doctor viewed a specimen of the ulcer under the microscope and did a blood test, which revealed that Ted had contracted (**gonorrhea, herpes genitalis, syphilis**), so the ulcer was a (**blister, chancre, seminoma**).
6. After his fifth child was born, Art decided to have a (**vasovasostomy, hydrocelectomy, vasectomy**) to prevent conception of another child. A/an (**nephrologist, urologist, abdominal surgeon**) performed the procedure to cut and ligate the (**urethra, epididymis, vas deferens**).
7. Twenty-six-year-old Lance noticed a hard testicular mass. His physician prescribed a brief trial with (**antibodies, antibiotics, pain killers**) to rule out (**epididymitis, testicular cancer, varicocele**). The mass remained and Lance underwent (**epididymectomy, orchiectomy, prostatectomy**). The mass was a (**seminoma, prostate cancer, hydrocele**).
8. Sarah and Steve had been trying to conceive a child for 7 years. Steve had a (**digital rectal examination, TURP, semen analysis**), which revealed 25% normal sperm count with 10% motility. He was told he had (**phimosis, azoospermia, oligospermia**).
9. To boost his sperm count, Steve was given (**estrogen, testosterone, progesterone**). As a side effect, this (**androgen, progestin, enzyme**) gave him a case of acne lasting several months.
10. Sarah eventually became pregnant. An ultrasound examination showed two embryos with two separate placentas and in separate (**peritoneal, scrotal, amniotic**) sacs. Sarah gave birth to two healthy (**identical, fraternal, perineal**) twin girls.

ANSWERS TO EXERCISES

A

- | | | |
|-------------------------|---------------------|------------|
| 1. seminiferous tubules | 3. vas deferens | 5. urethra |
| 2. epididymis | 4. ejaculatory duct | 6. penis |

B

- | | | |
|-------------------------|---------------------|-----------------------------------|
| 1. epididymis | 5. prepuce | 8. scrotum |
| 2. prostate gland | 6. testis | 9. vas deferens |
| 3. seminiferous tubules | 7. seminal vesicles | 10. bulbourethral (Cowper) glands |
| 4. spermatozoon | | |

C

- | | | |
|---------------------|-----------------------|-------------------------|
| 1. flagellum | 5. perineum | 8. erectile dysfunction |
| 2. glans penis | 6. parenchymal tissue | 9. interstitial cells |
| 3. ejaculatory duct | 7. fraternal twins | 10. ejaculation |
| 4. identical twins | | |

D

- | | | |
|-------------------|------------------|-----------------|
| 1. penis | 5. aspermia | 8. oligospermia |
| 2. semen | 6. azoospermia | 9. testicle |
| 3. testosterone | 7. sterilization | 10. impotence |
| 4. stromal tissue | | |

E

- | | | |
|------------------|--------------------|-----------------|
| 1. orchitis | 5. spermatogenesis | 8. oligospermia |
| 2. epididymitis | 6. orchiopexy | 9. aspermia |
| 3. prostatectomy | 7. balanitis | 10. testicular |
| 4. prostatitis | | |

F

- | | | |
|---|---|--|
| 1. True. | 6. False. Balanitis is inflammation of the glans penis. Orchitis is inflammation of a testicle. | are the Leydig cells that secrete testosterone. |
| 2. False. Estrogen is a female hormone. Androgens are male hormones. Testosterone is an androgen. | 7. True. | 10. False. Testosterone is produced by the interstitial cells of the testis. |
| 3. True. | 8. True. Semen is discharged backward into the urinary bladder and not ejaculated. | 11. False. Vasectomy results in the inability of sperm to leave the body in semen. It does not affect erectile dysfunction and does not produce impotence. |
| 4. False. Teratoma is a malignant tumor in the testis. | 9. False. Seminiferous tubules are the parenchymal tissue of the testes. The interstitial cells of the testis | 12. True. |
| 5. False. Spermatolysis is destruction of sperm. Spermatogenesis is formation of sperm. | | |

G

- | | | |
|------|------|-------|
| 1. C | 5. B | 8. E |
| 2. G | 6. D | 9. J |
| 3. H | 7. A | 10. I |
| 4. F | | |

H

- | | | |
|-----------------------------------|------------------|-------------------|
| 1. benign prostatic hyperplasia | 5. varicocele | 8. gonorrhea |
| 2. hypospadias | 6. syphilis | 9. cryptorchidism |
| 3. herpes genitalis | 7. HPV infection | 10. hydrocele |
| 4. adenocarcinoma of the prostate | | |

I

- | | | |
|------------------------------------|---|------------------------------------|
| 1. prostate-specific antigen: G | 3. transurethral resection of the prostate: B | 5. digital rectal examination: A |
| 2. benign prostatic hyperplasia: D | 4. transrectal ultrasound: F | 6. herpes simplex virus: C |
| | | 7. sexually transmitted disease: E |

J

- | | | |
|---------------------|-------------------|--------------------------------|
| 1. hormone | 8. prostate gland | 15. varicose veins |
| 2. opening | 9. testis | 16. vessel, duct, vas deferens |
| 3. semen, seed | 10. monster | 17. testis, testicle |
| 4. hernia, swelling | 11. seed | 18. animal life |
| 5. fixation | 12. water | 19. hidden |
| 6. formation | 13. penis | 20. male |
| 7. formation | 14. glans penis | |

K

- | | | |
|-------------------------------------|--|--------------------|
| 1. radical (complete) prostatectomy | 4. photoselective vaporization of the prostate | 7. orchiectomy |
| 2. orchiopexy | 5. hydrocelectomy | 8. circumcision |
| 3. vasectomy | 6. vasovasostomy | 9. varicocelectomy |

L

- | | | |
|----------------|-----------------|---------------------------|
| 1. prostate | 5. chlamydia | 8. semen or seminal fluid |
| 2. epididymis | 6. chancre | 9. seminoma |
| 3. parenchymal | 7. testosterone | 10. penile |
| 4. prepuce | | |

M

- | | | |
|-------------------------|---|---------------------------------|
| 1. cryptorchidism | 5. urologist; syphilis; chancre | 8. semen analysis; oligospermia |
| 2. chlamydial infection | 6. vasectomy; urologist; vas deferens | 9. testosterone; androgen |
| 3. prostate gland | 7. antibiotics; epididymitis; orchiectomy; seminoma | 10. amniotic; fraternal |
| 4. circumcision | | |

Answers to Practical Applications**Case Report: A Man with Post-TURP Complaints**

- | | | |
|------|------|------|
| 1. c | 3. b | 6. c |
| 2. b | 4. a | 7. c |
| | 5. b | 8. a |



PRONUNCIATION OF TERMS

To test your understanding of the terminology in this chapter, write the meaning of each term in the space provided. In addition, you may wish to cover the terms and write them by looking at your definitions. Make sure your spelling is correct. The page number after each term indicates where it is defined or used in the book, so you can easily check your responses. You will find complete definitions for all of these terms and their audio pronunciations on the Evolve website.

Pronunciation Guide

ā as in āpe	ă as in ăpple
ē as in ēven	ě as in ěvery
ī as in īce	ĩ as in ĩnterest
ō as in ōpen	ő as in pőt
ū as in ūnit	ű as in űnder

TERM	PRONUNCIATION	MEANING
androgen (317)	ĂN-drō-jĕn	
aspermia (318)	ā-SPĚR-mĕ-ă	
azoospermia (319)	ā-zō-ō-SPĚR-mĕ-ă	
balanitis (317)	băl-ă-Nĭ-tis	
benign prostatic hyperplasia (321)	bĕ-NĭN-prös-TĂT-ik hĭ-pĕr-PLĂ-zĕ-ă	
bulbourethral glands (315)	bŭl-bō-ű-RĚ-thrăl glăndz	
carcinoma of the prostate (321)	kăr-sĭ-NŌ-mă of the PRŌS-tăt	
carcinoma of the testes (319)	kăr-sĭ-NŌ-mă of the TĚS-tĕz	
castration (325)	kăs-TRĂ-shŭn	
chancre (324)	SHĂNG-kĕr	
chlamydial infection (322)	klă-MĪD-ĕ-ăl ĩn-FEK-shŭn	
circumcision (325)	sĭr-kŭm-SĪZH-ŭn	
cryogenic surgery (317)	krĭ-ō-GĚN-ĭk SŪR-jĕr-ĕ	
cryptorchidism (317)	krĭp-TŌR-kĭdĭzm	
digital rectal exam (325)	DĪJ-ĕ-tăl RĚK-tăl ĕk-ZĂM	
ejaculation (315)	ĕ-jăk-ű-LĂ-shŭn	
ejaculatory duct (315)	ĕ-JĂK-ű-lă-tŏr-ĕ dŭkt	
embryonal carcinoma (319)	ĕm-brĕ-ŌN-ăl kăr-sĭ-NŌ-mă	
epididymis (315)	ĕp-ĭ-DĪD-ĭ-mĭs	
epididymitis (317)	ĕp-ĭ-dĭd-ĭ-MĪ-tis	
erectile dysfunction (315)	ĕ-RĚK-tĭl dĭs-FŪNK-shŭn	
flagellum (315)	flă-JĚL-ŭm	

TERM	PRONUNCIATION	MEANING
fraternal twins (315)	fră-TĚR-năl twīnz	_____
glans penis (315)	glānz PĚ-nīs	_____
gonorrhea (322)	gōn-ō-RĚ-ă	_____
herpes genitalis (323)	HĚR-pēz jěn-ī-TĀL-īs	_____
human papillomavirus (324)	HŪ-măn pāp-ī-LŌ-mă VĪ-rūs	_____
hydrocele (317)	HĪ-drō-sēl	_____
hypospadias (322)	hī-pō-SPĀ-dē-ăs	_____
identical twins (316)	ī-DĚN-tī-kāl twīnz	_____
impotence (316)	ĪM-pō-tēns	_____
interstitial cells of the testes (316)	īn-tēr-STĪ-shŭl sēlz of the TĚS-tīs	_____
ligation (326)	lī-GĀ-shŭn	_____
oligospermia (318)	ōl-ī-gō-SPĚR-mē-ă	_____
orchiectomy (318)	ōr-kē-ĚK-tō-mē	_____
orchiopexy (319)	ōr-kē-ō-PĚK-sē	_____
orchitis (318)	ōr-KĪ-tīs	_____
parenchymal tissue (316)	pă-RĚNG-kī-māl TĪS-ŭ	_____
penile (318)	PĚ-nīl	_____
penis (316)	PĚ-nīs	_____
penoscrotal (318)	pē-nō-SKRŌ-tāl	_____
perineum (316)	pēr-ī-NĚ-ŭm	_____
phimosis (322)	fī-MŌ-sīs	_____
photoselective vaporization of the prostate (325)	fō-tō-sē-LĚK-tīv vā-pōr-ī-ZĀ-shŭn of the PRŌS-tāt	_____
prepuce (316)	PRĚ-pūs	_____
prostatectomy (318)	prōs-tā-TĚK-tō-mē	_____
prostate gland (316)	PRŌS-tāt glānd	_____
prostatitis (318)	prōs-tā-TĪ-tīs	_____
purulent (322)	PŪR-ŭ-lēnt	_____
scrotum (316)	SKRŌ-tŭm	_____
semen (316)	SĚ-mēn	_____

TERM	PRONUNCIATION	MEANING
semen analysis (324)	SĚ-měn ă-NĀL-ĭ-sĭs	_____
seminal vesicles (316)	SĚM-ĭn-ăl VĚS-ĭ-klz	_____
seminiferous tubules (316)	sĕ-mĭ-NĪF-ĕr-ŭs TOOB-ŭlz	_____
seminoma (319)	sĕ-mĭ-NŌ-mă	_____
spermatogenesis (319)	spĕr-mă-tō-JĚN-ĕ-sĭs	_____
spermatozoa (316)	spĕr-mă-tō-ZŌ-ă	_____
spermatozoon (316)	spĕr-mă-tō-ZŌ-ĕn	_____
spermolytic (318)	spĕr-mō-LĪT-ĭk	_____
sterilization (316)	stĕr-ĭ-lĭ-ZĀ-shŭn	_____
stromal tissue (316)	STRŌ-măl TĪS-ŭ	_____
syphilis (324)	SĪF-ĭ-lĭs	_____
teratoma (318)	tĕr-ă-TŌ-mă	_____
testicular (318)	tĕs-TĪK-ŭ-lăr	_____
testicular torsion (320)	tĕs-TĪK-ŭ-lăr TŌR-shŭn	_____
testis (316)	TĚS-tĭs	_____
testosterone (316)	tĕs-TŌS-tĕ-rŏn	_____
transurethral resection of the prostate (325)	trănz-ŭ-RĚ-trăl rĕ-SĚK-shun of the PRŌS-tăt	_____
varicocele (318)	VĀR-ĭ-kō-sĕl	_____
vas deferens (316)	văs DĚF-ĕr-ĕnz	_____
vasectomy (326)	vă-SĚK-tō-mĕ	_____
vasovasostomy (319)	vă-zō-vă-ZŌS-tō-mĕ	_____



REVIEW SHEET

Write the meanings of the word parts in the spaces provided. Check your answers with the information in the chapter or in the Glossary (Medical Word Parts—English) at the end of the book.

Combining Forms

COMBINING FORM	MEANING	COMBINING FORM	MEANING
andr/o	_____	pen/o	_____
balan/o	_____	prostat/o	_____
cry/o	_____	semin/i	_____
crypt/o	_____	sperm/o	_____
epididym/o	_____	spermat/o	_____
gon/o	_____	terat/o	_____
hydr/o	_____	test/o	_____
orch/o	_____	varic/o	_____
orchi/o	_____	vas/o	_____
orchid/o	_____	zo/o	_____

Suffixes

SUFFIX	MEANING	SUFFIX	MEANING
-cele	_____	-one	_____
-ectomy	_____	-pexy	_____
-gen	_____	-plasia	_____
-genesis	_____	-rrhea	_____
-genic	_____	-stomy	_____
-lysis	_____	-tomy	_____
-lytic	_____	-trophy	_____

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CHAPTER 10

Nervous System

This chapter is divided
into the following sections:

Introduction, 344

General Structure of the Nervous System, 344

Neurons, Nerves, and Glial Cells, 348

The Brain, 350

The Spinal Cord and Meninges, 353

Vocabulary, 355

Terminology, 357

Pathology, 362

Laboratory Tests and Clinical Procedures, 371

Abbreviations, 374

Practical Applications, 374

In Person: Sciatica, 377

Exercises, 378

Answers to Exercises, 385

Pronunciation of Terms, 388

Review Sheet, 394

CHAPTER GOALS

- Name, locate, and describe the major organs of the nervous system and their functions.
- Learn nervous system combining forms and use them with suffixes and prefixes.
- Define pathologic conditions affecting the nervous system.
- Describe nervous system–related laboratory tests, clinical procedures, and abbreviations.
- Apply your new knowledge to understanding medical terms in their proper contexts, such as medical reports and records.


INTRODUCTION

The nervous system is one of the most complex of all human body systems. More than 100 billion nerve cells operate constantly all over the body to coordinate the activities we do consciously and voluntarily, as well as those that occur unconsciously or involuntarily. We speak, move muscles, hear, taste, see, and think. Our glands secrete hormones, and we respond to danger, pain, temperature, and touch. All of these functions comprise only a small number of the many activities controlled by the nervous system.

Fibers exiting from microscopic **nerve cells (neurons)** are collected into macroscopic bundles called **nerves**, which carry electrical messages all over the body. External stimuli, as well as internal chemicals such as **acetylcholine**, activate the cell membranes of nerve cells, which results in electrical discharges of these cells. These electrical discharges, **nervous impulses**, may then traverse the length of the associated nerves. External **receptors** (sense organs) as well as internal receptors in muscles and blood vessels receive these impulses and may in turn transmit impulses to the complex network of nerve cells in the brain and spinal cord. Within this central part of the nervous system, impulses are recognized, interpreted, and finally relayed to other nerve cells that extend out to all parts of the body, such as muscles, glands, and internal organs.

GENERAL STRUCTURE OF THE NERVOUS SYSTEM

The nervous system is classified into two major divisions: the **central nervous system (CNS)** and the **peripheral nervous system (PNS)**. The central nervous system consists of the **brain** and **spinal cord**. The peripheral nervous system consists of **cranial nerves** and **spinal nerves, plexuses, and peripheral nerves** throughout the body (Figure 10-1). Cranial nerves carry impulses between the brain and the head and neck. The one exception is the 10th cranial nerve, called the **vagus nerve**. It carries messages to and from the neck, chest, and abdomen. Figure 10-2 shows cranial nerves, their functions, and the parts of the body that they carry messages to and from. Spinal nerves carry messages between the spinal cord and the chest, abdomen, and extremities.

A **plexus**  is a large network of nerves in the peripheral nervous system. The cervical, brachial (brachi/o means arm), and lumbosacral plexuses are examples that include cervical, lumbar, and sacral nerves. Figure 10-1 illustrates the relationship of the brain and spinal cord to the spinal nerves and plexuses.

The spinal and cranial nerves are composed of nerves that help the body respond to changes in the outside world. They include sense **receptors** for sight (eye), hearing and balance (ear), smell (olfactory), and touch (skin sensation) and **sensory (afferent) nerves** that carry messages related to changes in the environment *toward* the spinal cord and brain. In addition, **motor (efferent) nerves** travel *from* the spinal cord and brain to muscles of the body, telling them how to respond. For example, when you touch a hot stove, temperature and pain receptors in the skin stimulate afferent nerves, which carry messages toward the spinal cord and brain. Instantaneously, the message is conveyed to efferent nerve cells in the spinal cord, which then activate voluntary muscles to pull your hand away from the stove.



Plexus

There are other **plexuses** in the body—networks of intersecting blood vessels (vascular) and lymphatic vessels.

- Lymphatic plexus is an interconnecting network of lymph vessels.
- Rectal plexus is a plexus of veins in the rectal region.
- Vertebral plexus is a plexus of veins related to the backbone.

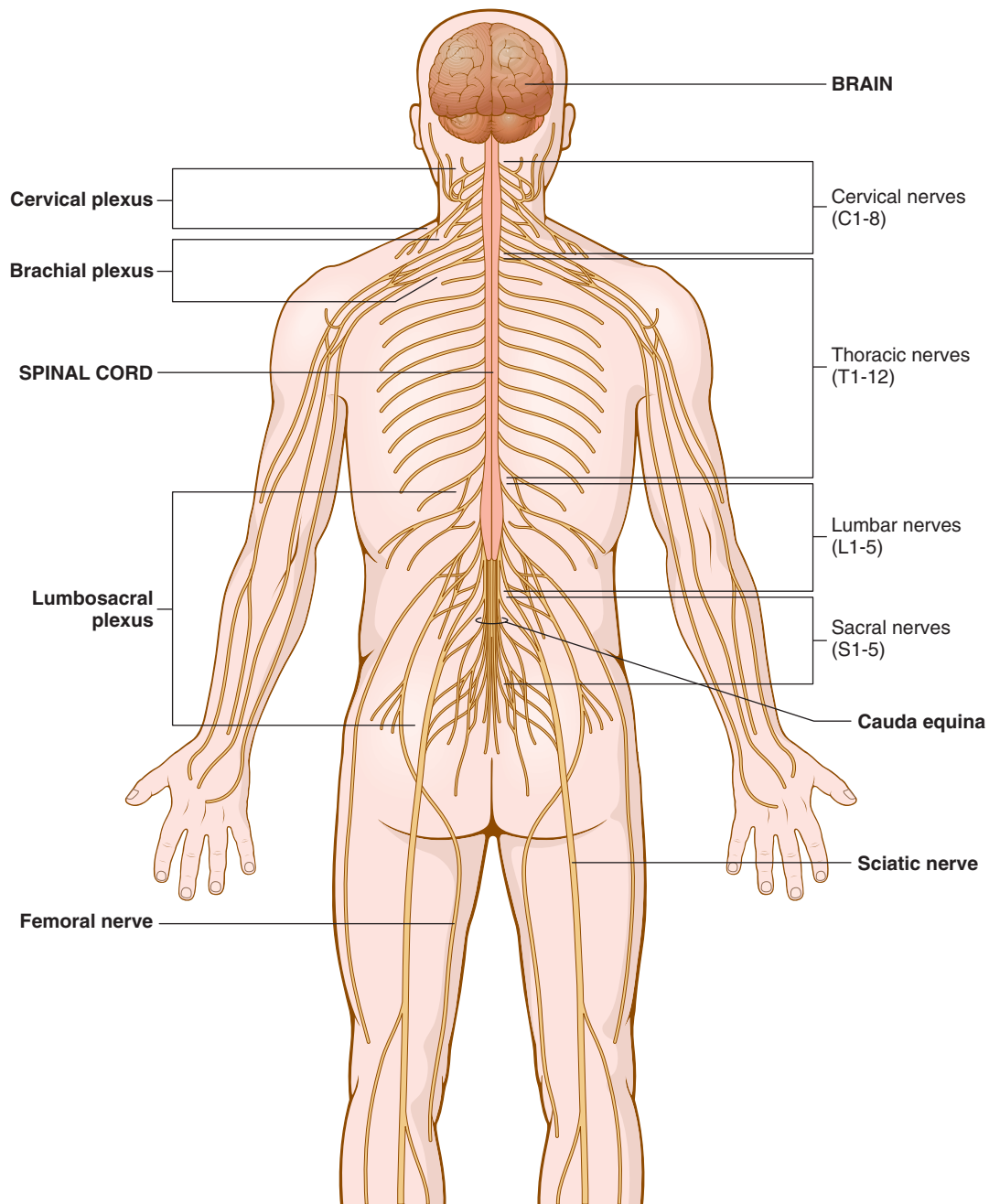


FIGURE 10-1 The brain and the spinal cord, spinal nerves, and spinal plexuses. The **femoral nerve** is a lumbar nerve leading to and from the thigh (femur). The **sciatic nerve** is a nerve beginning in a region of the hip. The **cauda equina** (Latin for “horse’s tail”) is a bundle of spinal nerves below the end of the spinal cord.

In addition to the spinal and cranial nerves (whose functions are mainly voluntary and involved with sensations of smell, taste, sight, hearing, and muscle movements), the peripheral nervous system also contains a large group of nerves that function involuntarily or automatically, without conscious control. These peripheral nerves belong to the **autonomic nervous system**. This system of nerve fibers carries impulses *away from* the CNS to the glands, heart, blood vessels, and involuntary muscles found in the walls of tubes like the intestines and hollow organs like the stomach and urinary bladder.

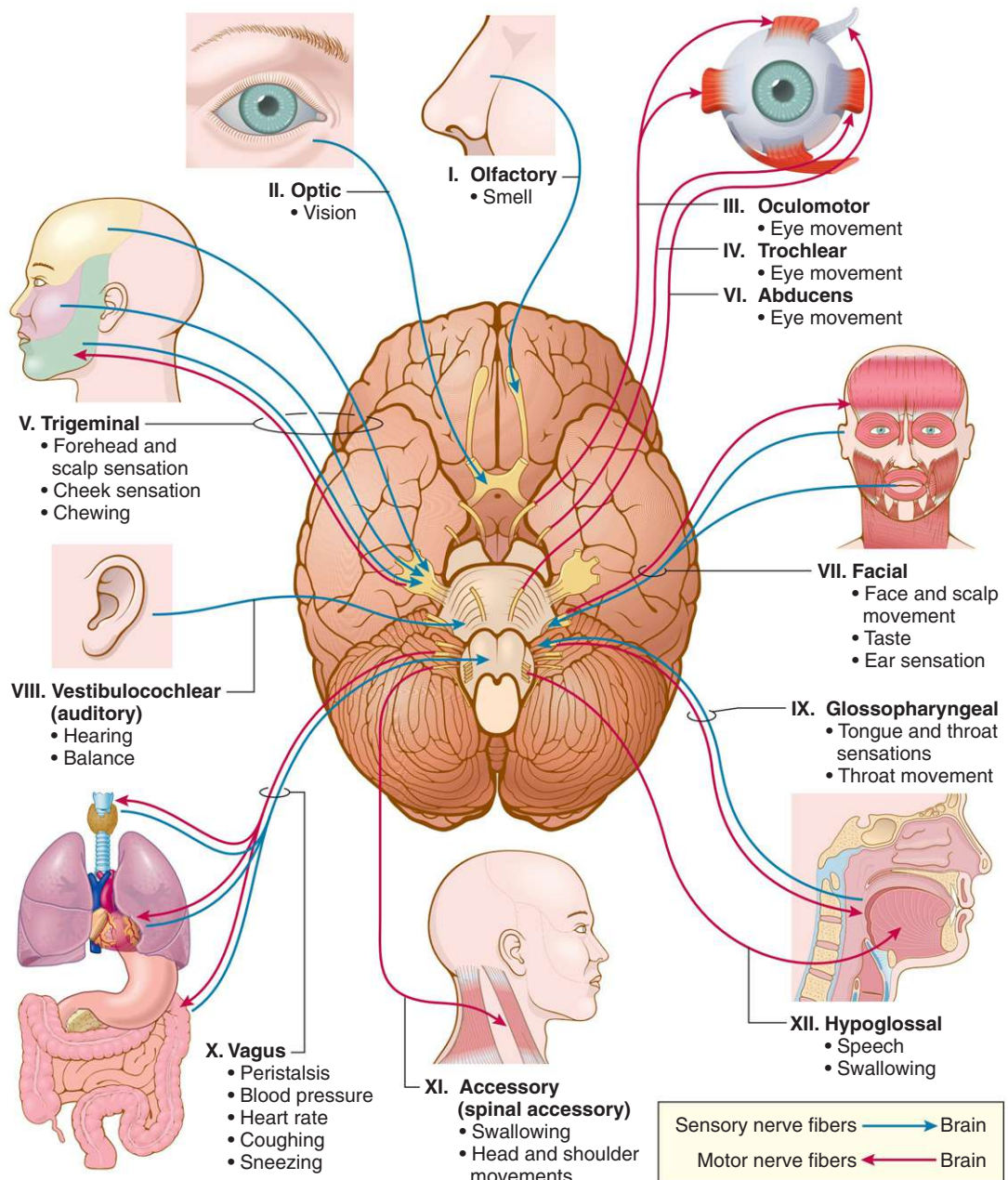


FIGURE 10-2 Cranial nerves (I to XII) leading from the base of the brain and showing the parts of the body they affect. **Sensory** or **afferent** nerves are colored *blue* and carry messages *toward* the brain. **Motor** or **efferent** nerves are colored *red* and carry messages *from* the brain to muscles and organs. Some nerves (mixed) carry both sensory and motor fibers. Don't try to memorize this figure! Just get the big picture: Cranial nerves carry messages to and from the brain to all parts of head and neck and also (in the case of the vagus nerve) to other parts of the body.

Some autonomic nerves are **sympathetic** nerves and others are **parasympathetic** nerves. The sympathetic nerves stimulate the body in times of stress and crisis. They increase heart rate and forcefulness, dilate (relax) airways so more oxygen can enter, and increase blood pressure. In addition, sympathetic neurons stimulate the adrenal glands to secrete epinephrine (adrenaline), while also inhibiting intestinal contractions to slow digestion. The parasympathetic nerves normally act as a balance for the sympathetic nerves.

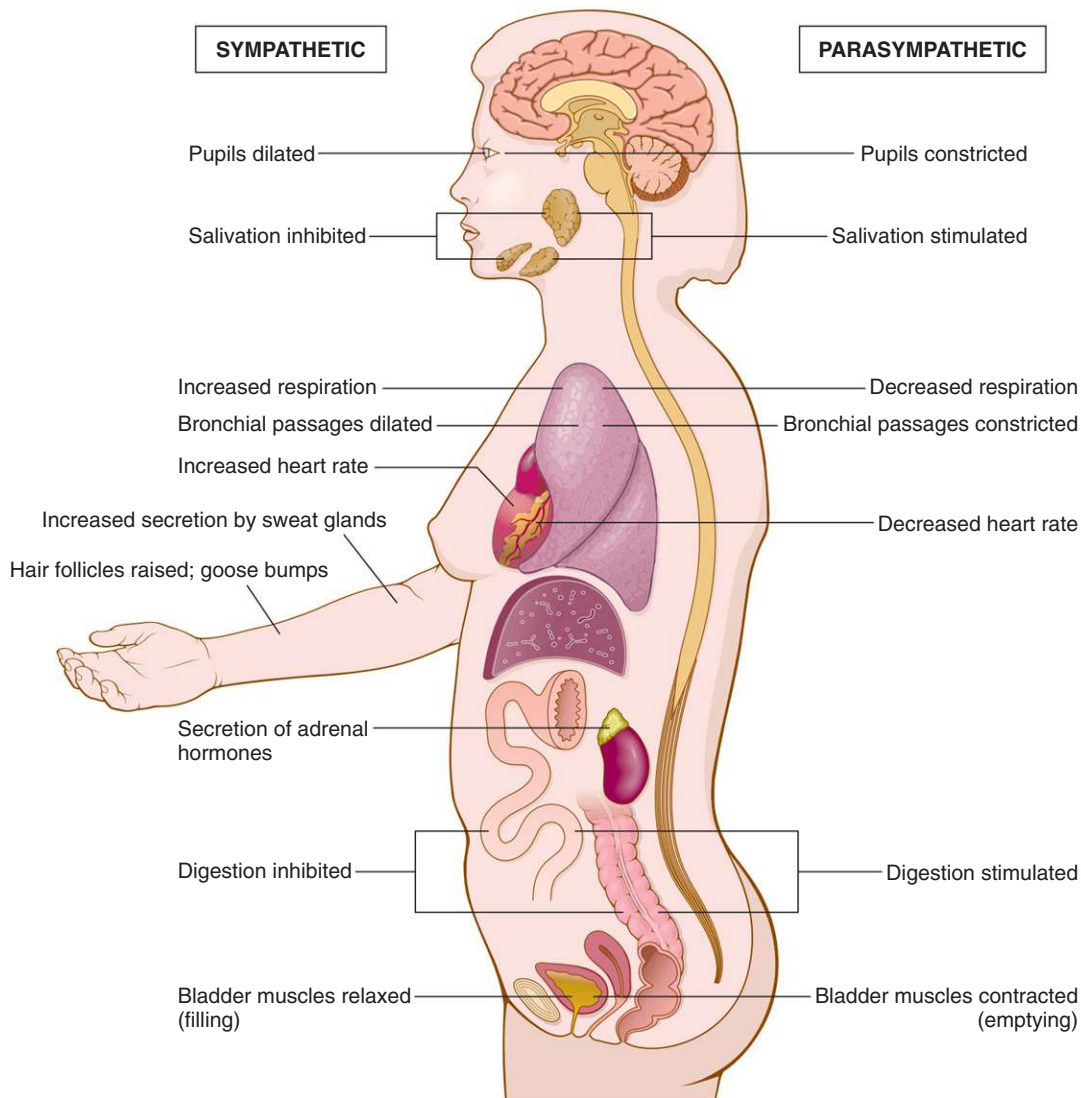


FIGURE 10-3 Actions of parasympathetic and sympathetic nerves.

Parasympathetic nerves slow down heart rate, lower blood pressure, and stimulate intestinal contractions to clear the rectum. Figure 10-3 shows the differences in actions between the sympathetic and parasympathetic nerves.

Figure 10-4 summarizes the divisions of the central and peripheral nervous systems.

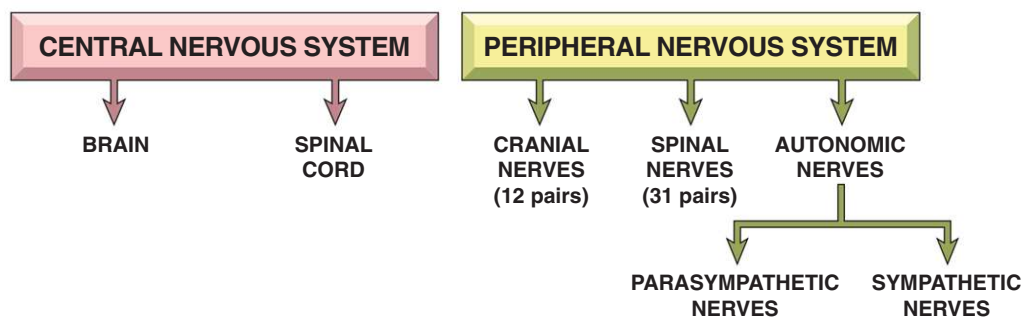


FIGURE 10-4 Divisions of the central nervous system (CNS) and peripheral nervous system (PNS). The autonomic nervous system is a part of the peripheral nervous system.

NEURONS, NERVES, AND GLIAL CELLS

A **neuron** is an individual nerve cell, a microscopic structure. Impulses pass along the parts of a nerve cell in a definite manner and direction. The parts of a neuron are pictured in Figure 10-5; label it as you study the following.

A **stimulus** begins an impulse in the branching fibers of the neuron, which are called **dendrites** [1]. A change in the electrical charge of the dendrite membranes is thus begun, and the nervous impulse moves along the dendrites like the movement of falling dominoes. The impulse, traveling in only one direction, next reaches the **cell body** [2], which contains the **cell nucleus** [3]. Small collections of nerve cell bodies outside the brain and spinal cord are called **ganglia** (*singular: ganglion*). Extending from the cell body is the **axon** [4], which carries the impulse away from the cell body. Axons can be covered with a fatty tissue called myelin. The purpose of this **myelin sheath** [5] is to insulate the axon and speed transmission of the electrical impulse. Demyelination is loss of the myelin insulating the nerve fiber and is characteristic of multiple sclerosis, an acquired illness affecting the CNS.

The myelin sheath gives a white appearance to the nerve fiber—hence the term white matter, as in parts of the spinal cord and the white matter of the brain and most peripheral

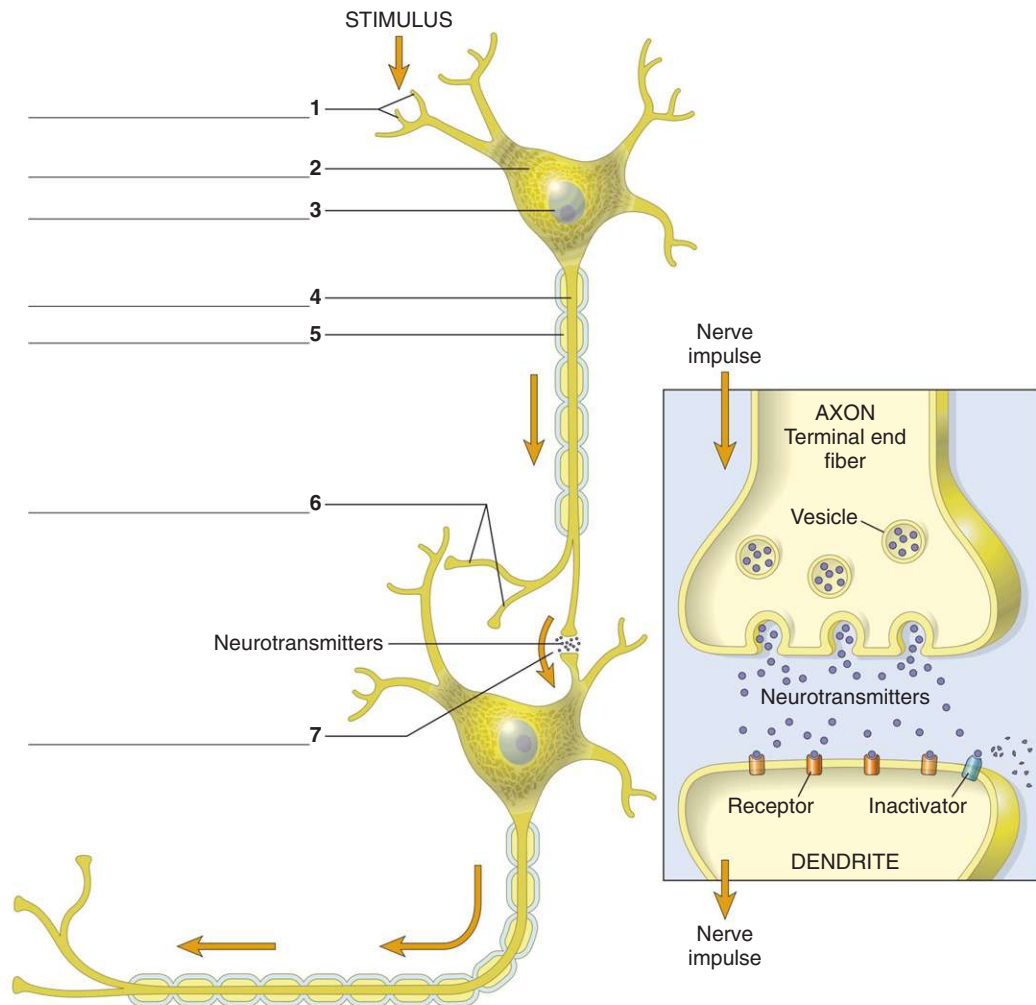


FIGURE 10-5 Parts of a neuron and the pathway of a nervous impulse. Neurons are the **parenchymal** (essential) **cells** of the nervous system. The *boxed drawing* shows what happens in a synapse: Vesicles store neurotransmitters in the terminal end fibers of axons. Receptors on the dendrites pick up the neurotransmitters. Inactivators end the activity of neurotransmitters when they have finished their job.

nerves. The gray matter of the brain and spinal cord is composed of the cell bodies of neurons that appear gray because they are not covered by a myelin sheath.

The nervous impulse passes through the axon to leave the cell via the **terminal end fibers** [6] of the neuron. The space where the nervous impulse jumps from one neuron to another is called the **synapse** [7]. The transfer of the impulse across the synapse depends on the release of a chemical substance, called a **neurotransmitter**, by the neuron that brings the impulse to the synapse. See the boxed diagram in Figure 10-5. Tiny sacs (vesicles) containing the neurotransmitter are located at the ends of neurons, and they release the neurotransmitter into the synapse. **Acetylcholine, norepinephrine, epinephrine (adrenaline), dopamine, serotonin, and endorphins** are examples of neurotransmitters.

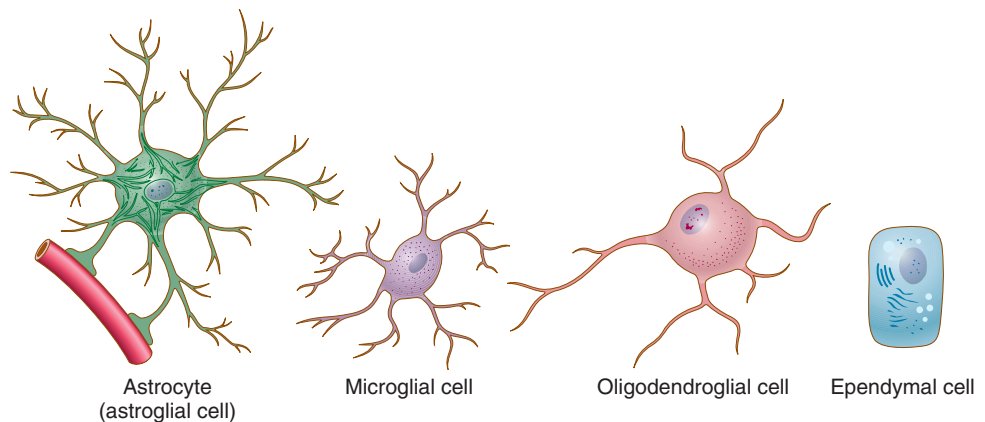
Whereas a neuron is a microscopic structure within the nervous system, a **nerve** is macroscopic, able to be seen with the naked eye. A nerve consists of a bundle of dendrites and axons that travel together like strands of rope. Peripheral nerves that carry impulses *to* the brain and spinal cord from stimulus receptors like the skin, eye, ear, and nose are **afferent** or **sensory nerves**; those that carry impulses *from* the CNS to organs that produce responses, such as muscles and glands, are **efferent** or **motor nerves**.

Neurons and nerves are the **parenchyma** of the nervous system. Parenchyma is the essential distinguishing tissue of an organ. In the brain and spinal cord, neurons, which conduct electrical impulses, are the parenchymal tissue. **Stroma** of an organ is the connective and supportive tissue of an organ. The stromal tissue of the nervous system consists of the **glial (neuroglial) cells**, which make up its supportive framework and help it ward off infection. Glial cells do not transmit impulses. They are far more numerous than neurons and can reproduce.

There are four types of supporting or glial cells (see Figure 10-6). **Astrocytes (astroglial cells)** are star-like in appearance (astr/o means star) and transport water and salts between capillaries and neurons. **Microglial cells** are small cells with many branching processes (dendrites). As phagocytes, they protect neurons in response to inflammation. **Oligodendroglial cells (oligodendrocytes)** have few (olig/o means few or scanty) dendrites. These cells form the myelin sheath in the CNS. By contrast, **ependymal cells** (Greek *ependyma* means upper garment) line membranes within the brain and spinal cord where CSF is produced and circulates.

Glial cells, particularly the astrocytes, are associated with blood vessels and regulate the passage of potentially harmful substances from the blood into the nerve cells of the brain. This protective barrier between the blood and brain cells is called the **blood-brain barrier (BBB)**. This barrier consists of special lining (endothelial) cells, which along with astrocytes separate capillaries from nerve cells. Delivery of chemotherapeutic drugs to treat brain tumors is thus difficult, because the BBB blocks drug access to brain tissues. Figure 10-6 illustrates glial cells.

FIGURE 10-6 Glial cells (neuroglial cells). These are the supportive, protective, and connective tissue cells of the CNS. Glial cells are **stromal** (framework) **tissue**, whereas neurons carry nervous impulses.



THE BRAIN

The brain controls body activities. In the human adult, it weighs about 3 pounds and has many different parts, all of which control different aspects of body functions.

The largest part of the brain is the “thinking” area, or **cerebrum**. On the surface of the cerebrum, nerve cells lie in sheets, which make up the **cerebral cortex**. These sheets, arranged in folds called **gyri**, are separated from each other by grooves known as **sulci**. The brain is divided in half, a right side and a left side, which are called **cerebral hemispheres**. Each hemisphere is subdivided into four major lobes named for the cranial (skull) bones that overlie them. Figure 10-7 shows these lobes—frontal, parietal, occipital, and temporal—as well as gyri and sulci.

The cerebrum has many functions. Thought, judgment, memory, association, and discrimination take place within it. In addition, sensory impulses are received through afferent cranial nerves, and when registered in the cortex, they are the basis for perception. Cranial nerves carry motor impulses from the cerebrum to muscles and glands, and these produce movement and activity. Figure 10-7 shows the location of some of the centers in the cerebral cortex that control speech, vision, smell, movement, hearing, and thought processes.

In the middle of the cerebrum are spaces, or canals, called **ventricles** (pictured in Figure 10-8). They contain a watery fluid that flows throughout the brain and around the spinal cord. This fluid is **cerebrospinal fluid (CSF)**, and it protects the brain and spinal cord from shock by acting like a cushion. CSF usually is clear and colorless and contains lymphocytes, sugar, and proteins. Spinal fluid can be withdrawn for diagnosis or relief of pressure on the brain; this is called a **lumbar puncture (LP)**. For this procedure, a hollow needle is inserted

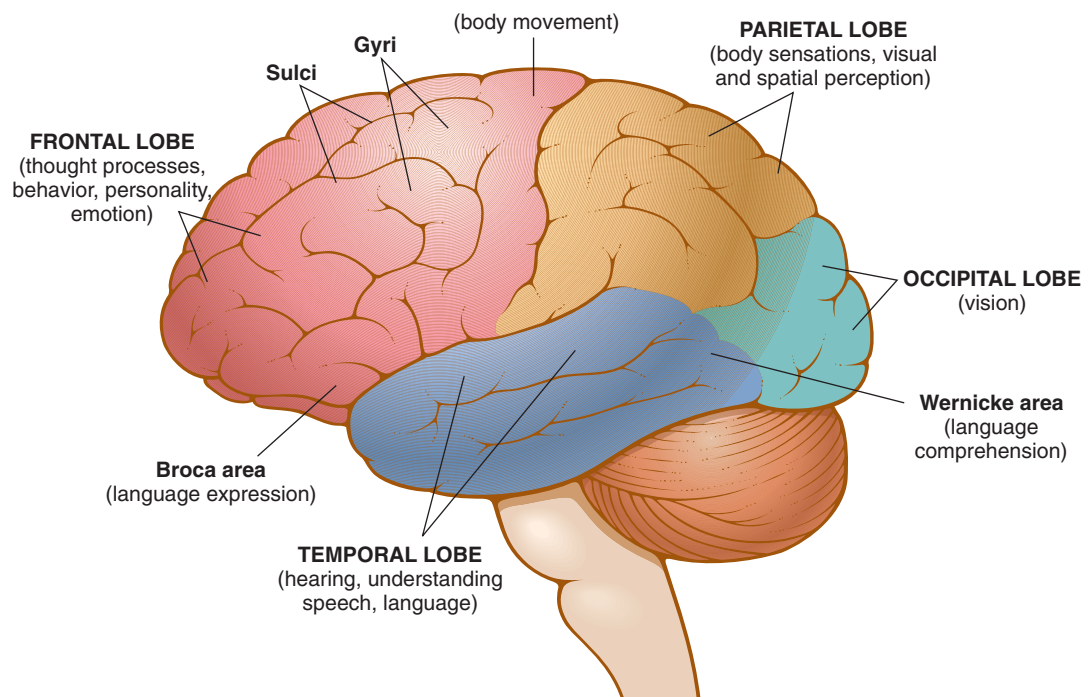


FIGURE 10-7 Left cerebral hemisphere (lateral view). Gyri (convolutions) and sulci (fissures) are indicated. Notice the lobes of the cerebrum and the functional centers that control speech, vision, movement, hearing, thinking, and other processes. Neurologists believe that the two hemispheres have different abilities. The **left brain** is more concerned with language, mathematical functioning, reasoning, and analytical thinking. The **right brain** is more active in spatial relationships, art, music, emotions, and intuition.

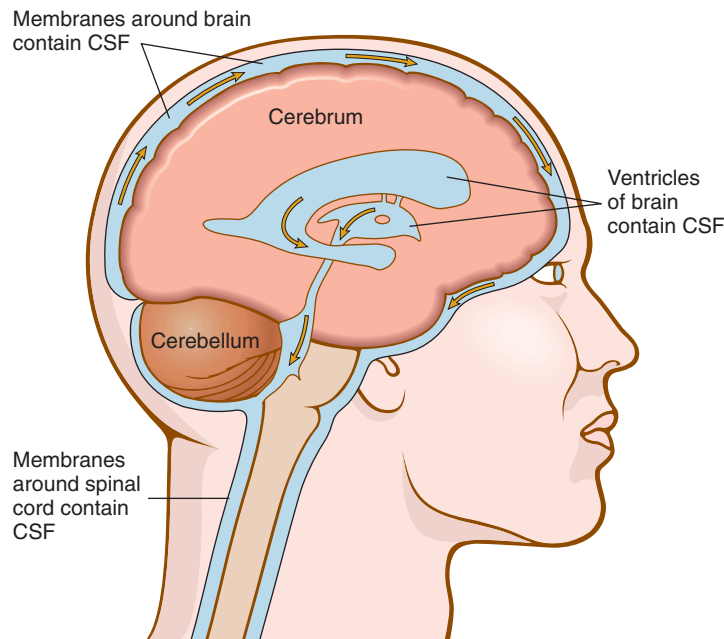


FIGURE 10-8 Circulation of cerebrospinal fluid (CSF) in the brain (ventricles) and around the spinal cord. CSF is formed within the ventricles and circulates between the membranes around the brain and within the spinal cord. CSF empties into the bloodstream through the membranes surrounding the brain and spinal cord.

into the lumbar region of the spinal column below the region where the nervous tissue of the spinal cord ends, and CSF is withdrawn.

Two other important parts of the brain are the **thalamus** and the **hypothalamus** (Figure 10-9). The thalamus acts like a triage center. It decides what is important and what is not, selectively processing and relaying sensory information to the cerebral cortex. The thalamus also plays a major role in maintaining levels of awareness and consciousness. The hypothalamus (below the thalamus) contains neurons that control body temperature, sleep, appetite, sexual desire, and emotions such as fear and pleasure. The hypothalamus also regulates the release of hormones from the pituitary gland at the base of the brain and integrates the activities of the sympathetic and parasympathetic nervous systems.

The following structures within the brain lie in the back and below the cerebrum and connect the cerebrum with the spinal cord: cerebellum, pons, and medulla oblongata. The pons and medulla are part of the **brainstem**.

The **cerebellum** functions to coordinate voluntary movements and to maintain balance and posture.

The **pons** is a part of the brainstem that literally means bridge. It contains nerve fiber tracts that connect the cerebellum and cerebrum with the rest of the brain. Nerves to the eyes and face lie here.

The **medulla oblongata**, also in the brainstem, connects the spinal cord with the rest of the brain. Nerve tracts cross from right to left and left to right in the medulla oblongata. For example, nerve cells that control movement of the left side of the body are found in the right half of the cerebrum. These cells send out axons that cross over (decussate) to the opposite side of the brain in the medulla oblongata and then travel down the spinal cord.

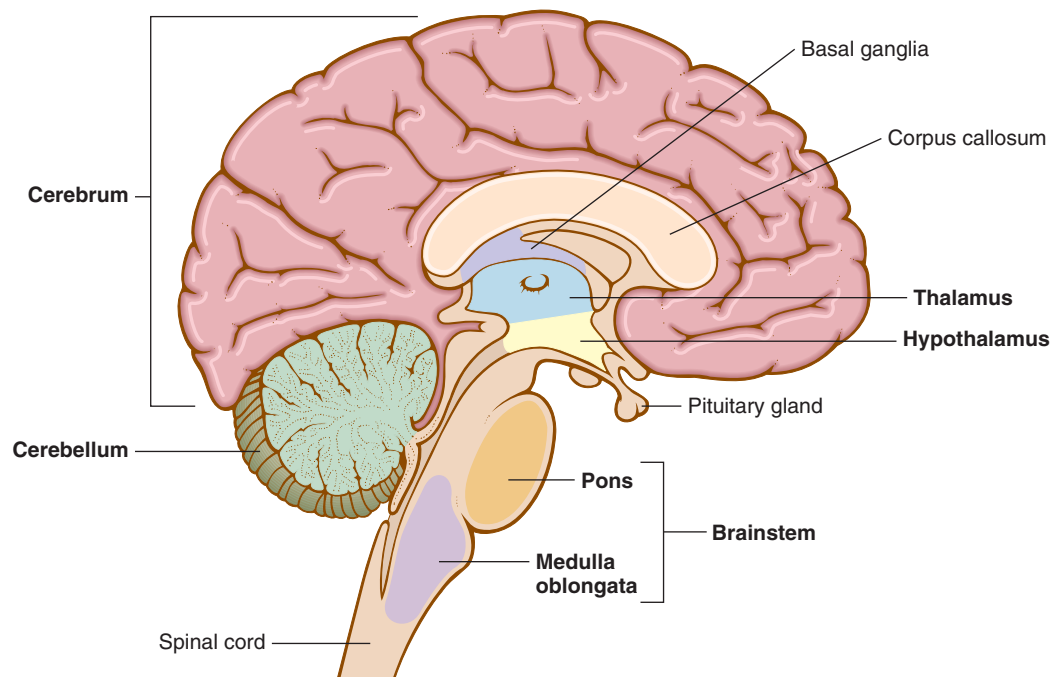


FIGURE 10-9 Parts of the brain: cerebrum, thalamus, hypothalamus, cerebellum, pons, and medulla oblongata. Note the location of the pituitary gland below the hypothalamus. The **basal ganglia** (a group of cells) regulate intentional movements of the body. The **corpus callosum** lies in the center of the brain and connects the two hemispheres (halves).

In addition, the medulla oblongata contains three important vital centers that regulate internal activities of the body:

1. **Respiratory center**—controls muscles of respiration in response to chemicals or other stimuli
2. **Cardiac center**—slows the heart rate when the heart is beating too rapidly
3. **Vasomotor center**—affects (constricts or dilates) the muscles in the walls of blood vessels, thus influencing blood pressure

Figure 10-9 shows the locations of the thalamus, hypothalamus, cerebellum, pons, and medulla oblongata. Table 10-1 reviews the functions of these parts of the brain.

TABLE 10-1 FUNCTIONS OF THE PARTS OF THE BRAIN

Structure	Function(s)
Cerebrum	Thinking, personality, sensations, movements, memory
Thalamus	Relay station (“triage center”) for sensory impulses; control of awareness and consciousness
Hypothalamus	Body temperature, sleep, appetite, emotions, control of the pituitary gland
Cerebellum	Coordination of voluntary movements and balance
Pons	Connection of nerves (to the eyes and face)
Medulla oblongata	Nerve fibers cross over, left to right and right to left; contains centers to regulate heart, blood vessels, and respiratory system

THE SPINAL CORD AND MENINGES

SPINAL CORD

The **spinal cord** is a column of nervous tissue extending from the medulla oblongata to the second lumbar vertebra within the vertebral column. Below the end of the spinal cord is the **cauda equina** (Latin for “horse’s tail”), a fan of nerve fibers (see Figure 10-1, page 345). The spinal cord carries all the nerves to and from the limbs and lower part of the body, and it is the pathway for impulses going to and from the brain. A cross-sectional view of the spinal cord (Figure 10-10) reveals an inner region of **gray matter** (containing cell bodies and dendrites) and an outer region of **white matter** (containing the nerve fiber tracts with myelin sheaths) conducting impulses to and from the brain.

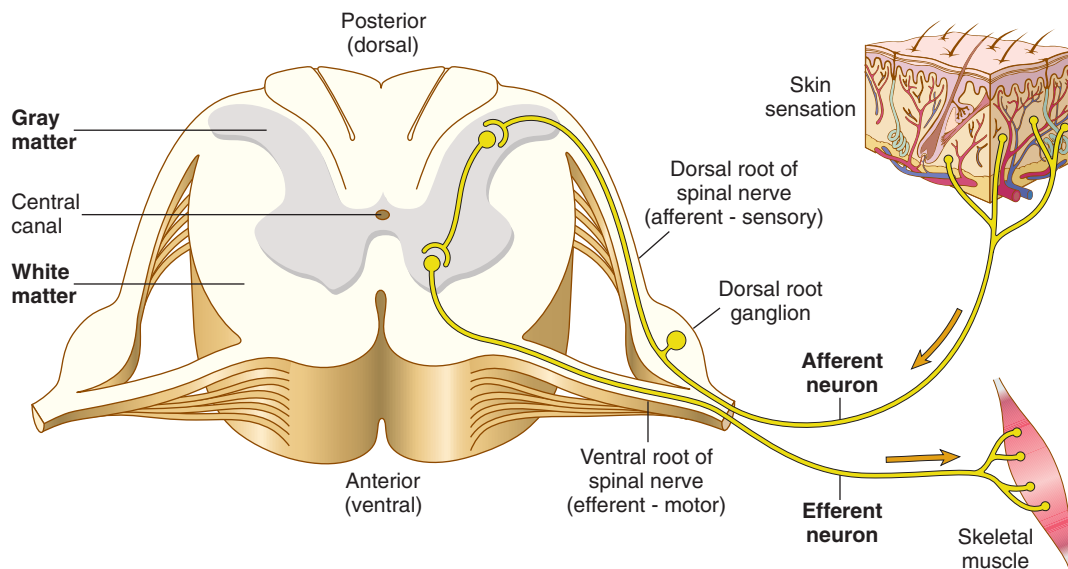


FIGURE 10-10 The spinal cord, showing gray and white matter (transverse view). **Afferent neurons** bring impulses from a sensory receptor (such as the skin) into the spinal cord. **Efferent neurons** carry impulses from the spinal cord to effector organs (such as skeletal muscle). The central canal is the space through which CSF travels.

MENINGES

The **meninges** are three layers of connective tissue membranes that surround the brain and spinal cord. Label Figure 10-11 as you study the following description of the meninges.

The outermost membrane of the meninges is the **dura mater** [1]. This thick, tough membrane contains channels (dural sinuses) that contain blood. The **subdural space** [2] is below the dural membrane. The second layer surrounding the brain and spinal cord is the **arachnoid membrane** [3]. The arachnoid (spider-like) membrane is loosely attached to the other meninges by web-like fibers, so there is a space for fluid between the fibers and the third membrane. This is the **subarachnoid space** [4], containing CSF. The third layer of the meninges, closest to the brain and spinal cord, is the **pia mater** [5]. It contains delicate (Latin *pia*) connective tissue with a rich supply of blood vessels. Most physicians refer to the pia and arachnoid membranes together as the pia-arachnoid.

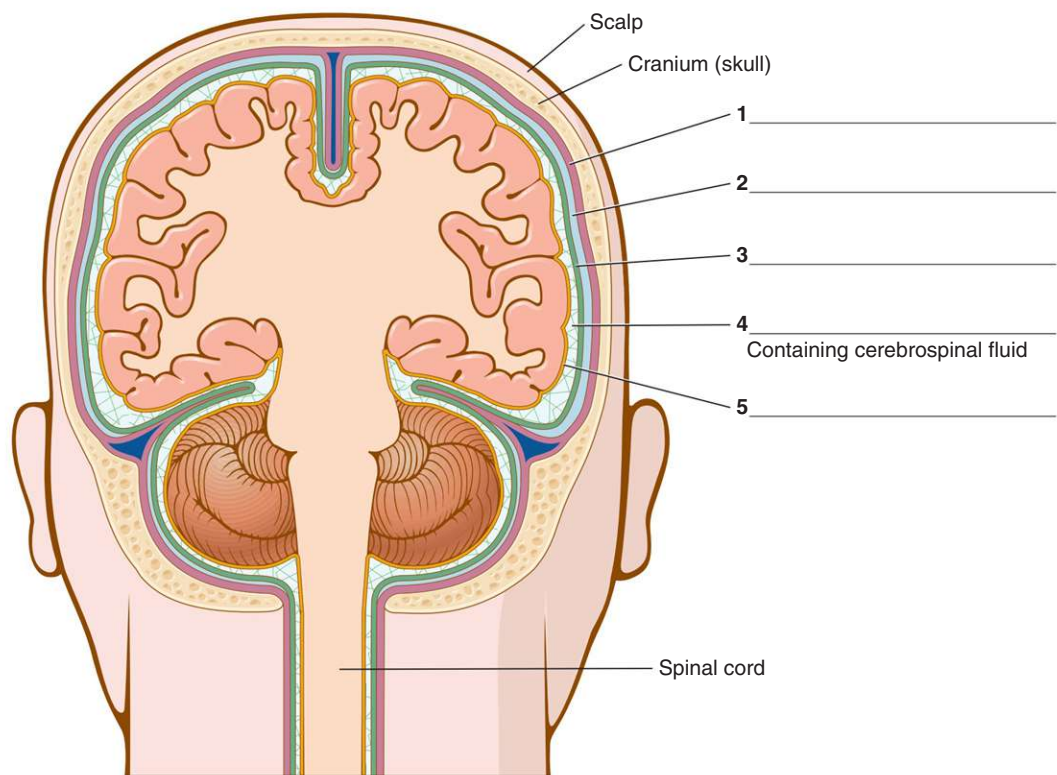


FIGURE 10-11 The meninges, posterior view.



VOCABULARY

This list reviews the new terms introduced in the text. Short definitions reinforce your understanding of the terms. Refer to the Pronunciation of Terms section for help with unfamiliar or more difficult words.

acetylcholine	Neurotransmitter chemical released at the ends of nerve cells.
afferent nerve	Carries messages <i>toward</i> the brain and spinal cord (sensory nerve). Afferent comes from <i>af-</i> (a form of <i>ad-</i> , meaning toward) and <i>-ferent</i> (meaning carrying).
arachnoid membrane	Middle layer of the three membranes (meninges) that surround the brain and spinal cord. The Greek <i>arachne</i> means spider.
astrocyte	Type of glial (neuroglial) cell that transports water and salts from capillaries.
autonomic nervous system	Nerves that control involuntary body functions of muscles, glands, and internal organs.
axon	Microscopic fiber that carries the nervous impulse along a nerve cell.
blood-brain barrier	Protective separation between the blood and brain cells. This makes it difficult for substances (such as anticancer drugs) to penetrate capillary walls and enter the brain.
brainstem	Posterior portion of the brain that connects the cerebrum with the spinal cord; includes the pons and medulla oblongata.
cauda equina	Collection of spinal nerves below the end of the spinal cord.
cell body	Part of a nerve cell that contains the nucleus.
central nervous system (CNS)	The brain and the spinal cord.
cerebellum	Posterior part of the brain that coordinates muscle movements and maintains balance.
cerebral cortex	Outer region of the cerebrum, containing sheets of nerve cells; gray matter of the brain.
cerebrospinal fluid (CSF)	Circulates throughout the brain and spinal cord.
cerebrum	Largest part of the brain; responsible for voluntary muscular activity, vision, speech, taste, hearing, thought, and memory.
cranial nerves	Twelve pairs of nerves that carry messages to and from the brain with regard to the head and neck (except the vagus nerve).
dendrite	Microscopic branching fiber of a nerve cell that is the first part to receive the nervous impulse.
dura mater	Thick, outermost layer of the meninges surrounding and protecting the brain and spinal cord. Latin for “hard mother.”
efferent nerve	Carries messages <i>away from</i> the brain and spinal cord; motor nerve. Efferent comes from <i>ef-</i> (meaning away from) and <i>-ferent</i> (meaning to carry).
ependymal cell	Glial cell that lines membranes within the brain and spinal cord and helps form cerebrospinal fluid.

ganglion (<i>plural: ganglia</i>)	Collection of nerve cell bodies in the peripheral nervous system.
glial cell (neuroglial cell)	Supportive and connective nerve cell that does not carry nervous impulses. Examples are astrocytes, microglial cells, ependymal cells, and oligodendrocytes. Glial cells can reproduce themselves, as opposed to neurons.
gyrus (<i>plural: gyri</i>)	Sheet of nerve cells that produces a rounded ridge on the surface of the cerebral cortex; convolution.
hypothalamus	Portion of the brain beneath the thalamus; controls sleep, appetite, body temperature, and secretions from the pituitary gland.
medulla oblongata	Part of the brain just above the spinal cord; controls breathing, heartbeat, and the size of blood vessels; nerve fibers cross over here.
meninges	Three protective membranes that surround the brain and spinal cord.
microglial cell	Phagocytic glial cell that removes waste products from the central nervous system.
motor nerve	Carries messages away from the brain and spinal cord to muscles and organs; efferent nerve.
myelin sheath	Covering of white fatty tissue that surrounds and insulates the axon of a nerve cell. Myelin speeds impulse conduction along axons.
nerve	Macroscopic cord-like collection of fibers (axons and dendrites) that carry electrical impulses.
neuron	Nerve cell that carries impulses throughout the body; parenchyma of the nervous system.
neurotransmitter	Chemical messenger released at the end of a nerve cell. It stimulates or inhibits another cell, which can be a nerve cell, muscle cell, or gland cell. Examples of neurotransmitters are acetylcholine, norepinephrine, dopamine, and serotonin.
oligodendroglial cell	Glial cell that forms the myelin sheath covering axons. Also called oligodendrocyte.
parasympathetic nerves	Involuntary, autonomic nerves that regulate normal body functions such as heart rate, breathing, and muscles of the gastrointestinal tract.
parenchyma	Essential, distinguishing tissue of any organ or system. The parenchyma of the nervous system includes the neurons and nerves that carry nervous impulses. Parenchymal cells of the liver are hepatocytes, and parenchymal tissue of the kidney includes the nephrons, where urine is formed. Note the pronunciation: pār-ĔN-kĭ-mă.
peripheral nervous system	Nerves outside the brain and spinal cord: cranial, spinal, and autonomic nerves.
pia mater	Thin, delicate inner membrane of the meninges.
plexus (<i>plural: plexuses</i>)	Large, interlacing network of nerves. Examples are lumbosacral, cervical, and brachial (brachi/o means arm) plexuses. The term originated from the Indo-European <i>plek</i> , meaning to weave together.
pons	Part of the brain anterior to the cerebellum and between the medulla and the rest of the midbrain (Latin <i>pons</i> means bridge). It is a bridge connecting various parts of the brain.

receptor	Organ that receives a nervous stimulus and passes it on to afferent nerves. The skin, ears, eyes, and taste buds are receptors.
sciatic nerve	Nerve extending from the base of the spine down the thigh, lower leg, and foot. Sciatica is pain or inflammation along the course of the nerve.
sensory nerve	Carries messages toward the brain and spinal cord from a receptor; afferent nerve.
spinal nerves	Thirty-one pairs of nerves arising from the spinal cord.
stimulus (<i>plural: stimuli</i>)	Agent of change (light, sound, touch) in the internal or external environment that evokes a response.
stroma	Connective and supporting tissue of an organ. Glial cells are the stromal tissue of the brain.
sulcus (<i>plural: sulci</i>)	Depression or groove in the surface of the cerebral cortex; fissure.
sympathetic nerves	Autonomic nerves that influence bodily functions involuntarily in times of stress.
synapse	Space through which a nervous impulse travels between nerve cells or between nerve and muscle or glandular cells. From the Greek <i>synapsis</i> , a point of contact.
thalamus	Main relay center of the brain. It conducts impulses between the spinal cord and the cerebrum; incoming sensory messages are relayed through the thalamus to appropriate centers in the cerebrum. Latin <i>thalamus</i> means room. The Romans, who named this structure, thought this part of the brain was hollow, like a little room.
vagus nerve	Tenth cranial nerve (cranial nerve X); its branches reach to the larynx, trachea, bronchi, lungs, aorta, esophagus, and stomach. Latin <i>vagus</i> means wandering. Unlike the other cranial nerves, the vagus leaves the head and “wanders” into the abdominal and thoracic cavities.
ventricles of the brain	Canals in the brain that contain cerebrospinal fluid. Ventricles are also found in the heart. They are the two lower chambers of the heart.



TERMINOLOGY

This section is divided into terms that describe organs and structures of the nervous system and those that relate to neurologic signs and symptoms. Write the meanings of the medical terms in the spaces provided.

ORGANS AND STRUCTURES

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
cerebell/o	cerebellum	<u>cerebellar</u> _____	
cerebr/o	cerebrum	<u>cerebrospinal fluid</u> _____	
		<u>cerebral cortex</u> _____	
		<i>Cortical means pertaining to the cortex or outer area of an organ.</i>	

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
dur/o	dura mater	subdural hematoma _____ <i>Remember: Hematomas are not tumors of blood, but are collections of blood.</i> epidural hematoma _____ <i>Figure 10-12 shows subdural, epidural, and intracerebral hematomas.</i>	
encephal/o	brain	encephalitis _____ encephalopathy _____ anencephaly _____ <i>This is a congenital brain malformation; it is not compatible with life and may be detected with amniocentesis or ultrasonography of the fetus.</i>	
gli/o	glial cells	glioblastoma _____ <i>This is a highly malignant tumor (-blast means immature). Gliomas are tumors of glial (neuroglial) cells.</i>	
lept/o	thin, slender	leptomeningeal _____ <i>The pia and arachnoid membranes are known as the leptomeninges because of their thin, delicate structure.</i>	
mening/o, meningi/o	membranes, meninges	meningeal _____ meningioma _____ <i>Slowly growing, benign tumor.</i> myelomeningocele _____ <i>Neural tube defect caused by failure of the neural tube to close during embryonic development. This abnormality occurs in infants born with spina bifida. See page 363.</i>	

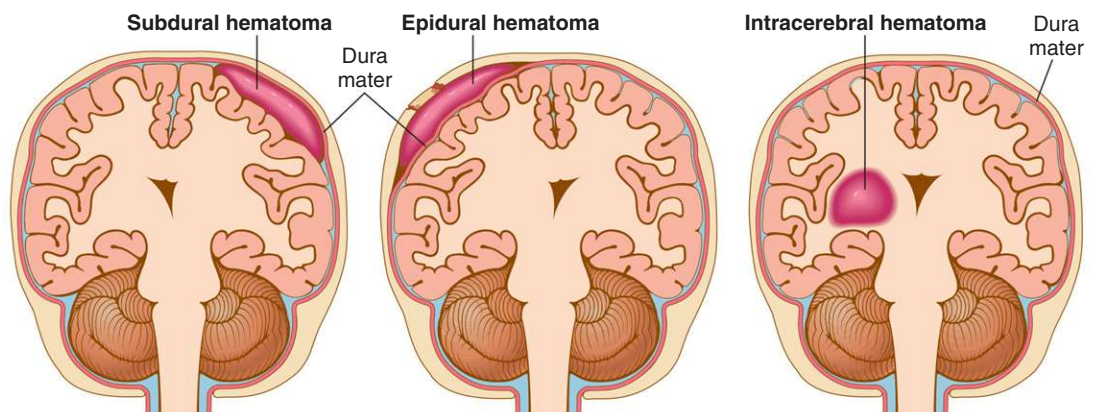




FIGURE 10-12 Hematomas. A **subdural hematoma** results from the tearing of veins between the dura and arachnoid membranes. It often is the result of blunt trauma, such as from blows to the head in boxers or in elderly patients who have fallen out of bed. An **epidural hematoma** occurs between the skull and the dura as the result of a ruptured meningeal artery, usually after a fracture of the skull. An **intracerebral hematoma** is caused by bleeding directly into brain tissue, such as can occur in the case of uncontrolled hypertension (high blood pressure).

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
my/o	muscle	<u>my</u> oneural _____	
myel/o 	spinal cord (means bone marrow in other contexts)	<u>myel</u> opathy _____ <u>poliomyel</u> itis _____ <i>Polio- means gray matter. This viral disease affects the gray matter of the spinal cord, leading to paralysis of muscles that rely on the damaged neurons. Effective vaccines developed in the 20th century have made “polio” relatively uncommon.</i>	
neur/o	nerve	<u>neur</u> opathy  _____ <u>polyneur</u> itis _____	
pont/o	pons	cerebell <u>opont</u> ine _____ <i>The suffix -ine means pertaining to.</i>	
radicul/o	nerve root (of spinal nerves)	<u>radicul</u> opathy _____ <i>Sciatica is a radiculopathy affecting the sciatic nerve root in the back. A herniated disk is a common cause leading to pain, weakness, or numbness down the leg. See the “In Person” story on page 377.</i> <u>radicul</u> itis _____ <i>This condition often results in pain and loss of function.</i>	
thalam/o	thalamus	<u>thalam</u> ic _____	
thec/o	sheath (refers to the meninges)	intra <u>thecal</u> injection _____ <i>Chemicals, such as chemotherapeutic drugs, can be delivered into the subarachnoid space.</i>	
vag/o	vagus nerve (10th cranial nerve)	<u>vagal</u> _____ <i>This cranial nerve has branches to the head and neck, as well as to the chest.</i>	

SIGNS AND SYMPTOMS

COMBINING FORM OR SUFFIX	MEANING	TERMINOLOGY	MEANING
algos/o, -algia	excessive sensitivity to pain	<u>anal</u> gesia _____ <u>hypo</u> algia _____ <i>Diminished sensation to pain. (Notice that the o in hypo- is dropped.) Hyperalgia is increased sensitivity to pain.</i>	



myel/o and my/o

Don't confuse these combining forms. **Myel/o** means spinal cord or bone marrow, while **my/o** means muscle. Another pair to watch out for is **pyel/o** (renal pelvis of the kidney) and **py/o** (pus).



Neuropathies

Neuropathies are diseases of peripheral nerves. They can affect motor, sensory, and autonomic functions. **Polyneuropathies** affect many nerves, while **mononeuropathies** affect individual nerves.

COMBINING FORM OR SUFFIX	MEANING	TERMINOLOGY	MEANING
-algia	pain (see page 376 for information on pain medications)	<p><u>neuralgia</u> _____ Trigeminal neuralgia involves flashes of pain radiating along the course of the trigeminal nerve (fifth cranial nerve).</p> <p><u>cephalgia</u> _____ Headaches may result from vasodilation (widening) of blood vessels in tissues surrounding the brain or from tension in neck and scalp muscles.</p>	
caus/o	burning	<p><u>causalgia</u> _____ Intense burning pain following injury to a sensory nerve.</p>	
comat/o	deep sleep (coma)	<p><u>comatose</u> _____ A coma is a state of unconsciousness from which the patient cannot be aroused. Semicomatose refers to a stupor (unresponsiveness) from which a patient can be aroused. In an irreversible coma (brain death), there is complete unresponsivity to stimuli, no spontaneous breathing or movement, and a flat electroencephalogram (EEG) tracing.</p>	
esthesi/o, -esthesia	feeling, nervous sensation	<p><u>anesthesia</u> _____ Lack of normal sensation (e.g., absence of sense of touch or pain). Two common types of regional anesthesia are spinal and epidural (caudal) blocks (Figure 10-13). Anesthetics are agents that reduce or eliminate sensation. General and local anesthetics are listed in Table 21-2, page 887.</p> <p><u>hyperesthesia</u> _____ A light touch with a pin may provoke increased sensation. Diminished sensitivity to pain is called <i>hypesthesia</i>.</p> <p><u>paresthesia</u> _____ Par- (from para-) means abnormal. Paresthesias include tingling, burning, and “pins and needles” sensations.</p>	
kines/o, kinesi/o -kinesia, -kinesis, -kinetic	movement	<p><u>bradykinesia</u> _____</p> <p><u>hyperkinesis</u> _____ Amphetamines (CNS stimulants) are used to treat hyperkinesia in children, but the mechanism of their action is not understood.</p> <p><u>dyskinesia</u> _____ Condition marked by involuntary, spasmodic movements. Tardive (occurring late) dyskinesia may develop in people who receive certain antipsychotic drugs for extended periods.</p> <p><u>akineti</u>c _____</p>	
-lepsy	seizure	<p><u>epilepsy</u> _____ See page 365.</p> <p><u>narcolepsy</u> _____ Sudden, uncontrollable compulsion to sleep (narc/o = stupor, sleep). Amphetamines and stimulant drugs are prescribed to prevent attacks.</p>	

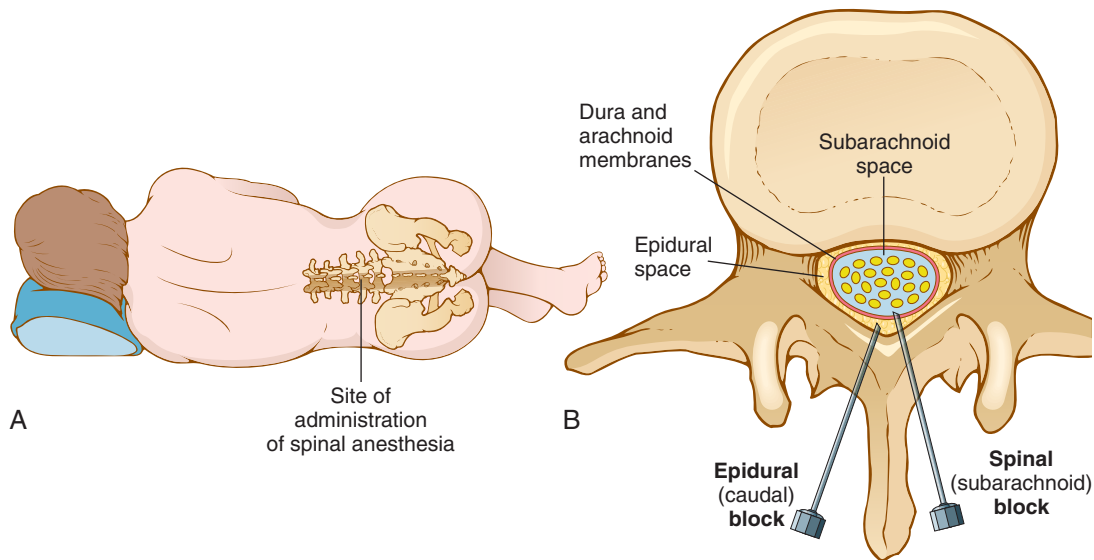


FIGURE 10-13 A, Positioning of a patient for spinal anesthesia. B, Cross-sectional view of the spinal cord showing injection sites for **epidural** and **spinal blocks (anesthesia)**. Epidural (caudal) anesthesia is achieved by injecting an agent into the epidural space and is commonly used in obstetrics. Spinal anesthesia is achieved by injecting a local anesthetic into the subarachnoid space. Patients may experience loss of sensation and paralysis of feet, legs, and abdomen.

COMBINING FORM OR SUFFIX	MEANING	TERMINOLOGY	MEANING
lex/o	word, phrase	dyslexia _____ <i>This is a developmental reading disorder occurring when the brain does not properly recognize, process, and interpret language.</i>	
-paresis	weakness	hemiparesis _____ <i>Affects either right or left side (half) of the body. Paresis also is used by itself to mean partial paralysis or weakness of muscles.</i>	
-phasia	speech	aphasia _____ <i>Difficulty with speech. Motor (also called Broca or expressive) aphasia is present when the patient knows what he or she wants to say but cannot pronounce it. The patient with sensory aphasia has difficulty understanding language and may pronounce (articulate) words easily but use them inappropriately.</i>	
-plegia	paralysis (loss or impairment of the ability to move parts of the body)	hemiplegia _____ <i>Affects the right or left half of the body and results from a stroke or other brain injury. The hemiplegia is contralateral to the brain lesion because motor nerve fibers from the right half of the brain cross to the left side of the body (in the medulla oblongata).</i> paraplegia _____ <i>Originally, the term paraplegia meant a stroke (paralysis) on one side (para-). Now, however, the term means paralysis of both legs and the lower part of the body caused by injury or disease of the spinal cord or cauda equina.</i> quadriplegia _____ <i>Quadri- means four. All four extremities are affected. Injury is at the cervical level of the spinal cord.</i>	

COMBINING FORM OR SUFFIX	MEANING	TERMINOLOGY	MEANING
-praxia	action	<u>apraxia</u> _____ <i>Movements and behavior are not purposeful. A patient with motor apraxia cannot use an object or perform a task. Motor weakness is not the cause.</i>	
-sthenia	strength	<u>neurasthenia</u> _____ <i>Nervous exhaustion and fatigue, often following depression.</i>	
syncop/o	to cut off, cut short	<u>syncopal</u> _____ Syncope (SĪN-kō-pē) means fainting; sudden and temporary loss of consciousness caused by inadequate flow of blood to the brain. The term comes from a Greek word meaning cutting into pieces—thus, a fainting spell meant one's strength was “cut off.” Remember: Syncopal means pertaining to fainting and is an adjective. A patient can experience a syncopal episode.	
tax/o	order, coordination	<u>ataxia</u> _____ <i>Condition of decreased coordination. Persistent unsteadiness on the feet can be caused by a disorder involving the cerebellum.</i>	

PATHOLOGY

The bones of the skull, the vertebral column, and the meninges, containing CSF, provide a hard box with an interior cushion around the brain and spinal cord. In addition, glial cells surrounding neurons form a blood-brain barrier that prevents many potentially harmful substances in the bloodstream from gaining access to neurons. However, these protective factors are counterbalanced by the extreme sensitivity of nerve cells to oxygen deficiency (brain cells die in a few minutes when deprived of oxygen).

Neurologic disorders may be classified in the following categories:

- Congenital
- Degenerative, movement, and seizure
- Infectious (meningitis and encephalitis)
- Neoplastic (tumors)
- Traumatic
- Vascular (stroke)

CONGENITAL DISORDERS

hydrocephalus

Abnormal accumulation of fluid (CSF) in the brain.

If circulation of CSF in the brain or spinal cord is impaired, fluid accumulates under pressure in the ventricles of the brain. To relieve pressure on the brain, a catheter (shunt) can be placed from the ventricle of the brain into the peritoneal space (ventriculoperitoneal shunt) or right atrium of the heart so that the CSF is continuously drained from the brain.

Hydrocephalus also can occur in adults as a result of tumors and infections.

spina bifida**Congenital defects in the lumbar spinal column caused by imperfect union of vertebral parts (neural tube defect).**

In **spina bifida occulta**, the vertebral defect is covered over with skin and evident only on x-ray or other imaging examination. **Spina bifida cystica** is a more severe form, with cyst-like protrusions. In **meningocele**, the meninges protrude to the outside of the body, and in **myelomeningocele** (or meningocele), both the spinal cord and meninges protrude (Figure 10-14A and B).

The etiology of neural tube defects is unknown. Defects originate in the early weeks of pregnancy as the spinal cord and vertebrae develop. Prenatal diagnosis is helped by imaging methods and testing maternal blood samples for alpha-fetoprotein.

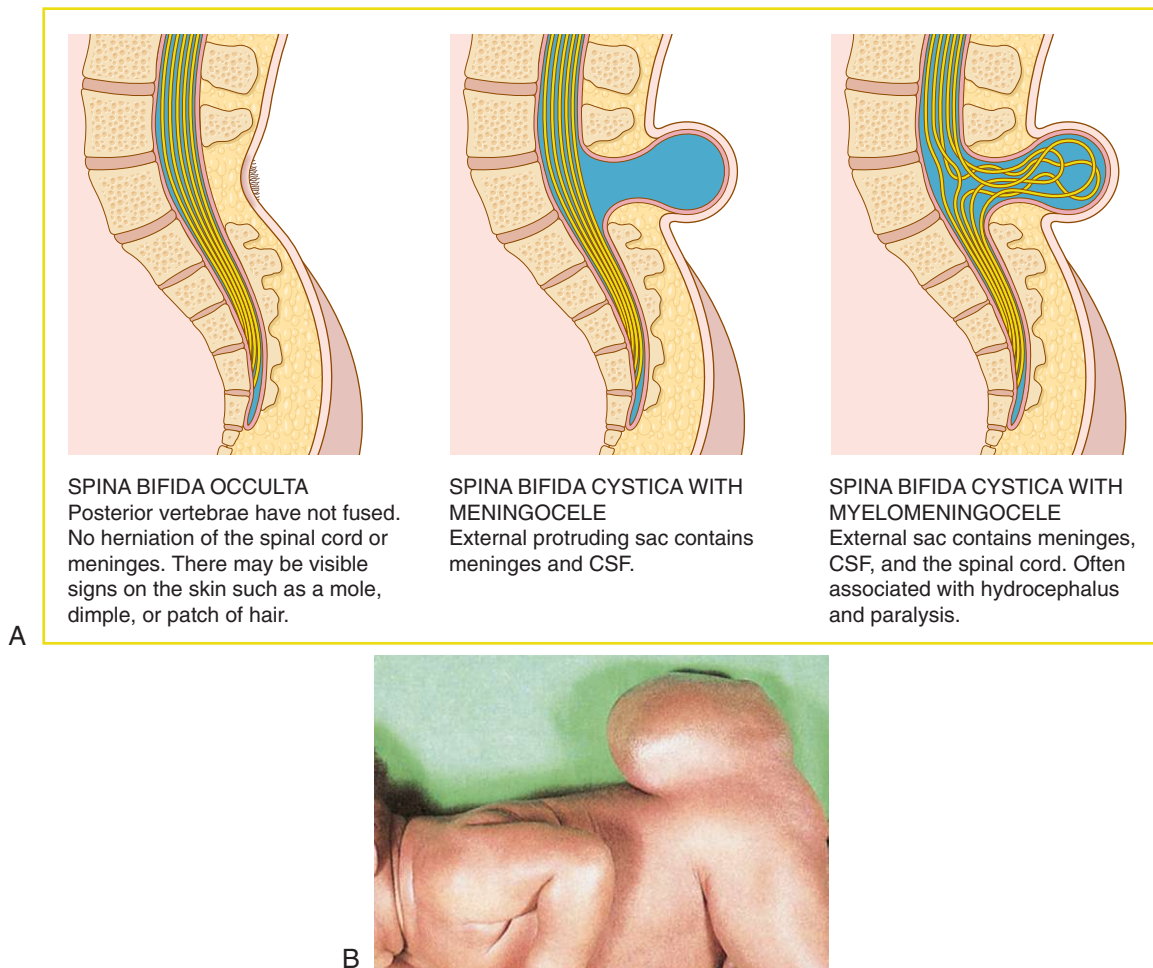


FIGURE 10-14 A, Spina bifida (neural tube defects). B, Spina bifida cystica with myelomeningocele.

DEGENERATIVE, MOVEMENT, AND SEIZURE DISORDERS

Alzheimer disease (AD)

Brain disorder marked by gradual and progressive mental deterioration (dementia), personality changes, and impairment of daily functioning.

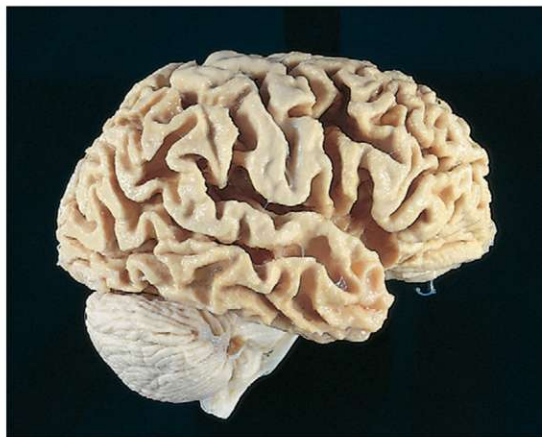
Characteristics of AD include confusion, memory failure, disorientation, restlessness, and speech disturbances. Anxiety, depression, and emotional disturbances can occur as well. The disease sometimes begins in middle life with slight defects in memory and behavior, but can worsen after the age of 70. On autopsy there is atrophy of the cerebral cortex and widening of the cerebral sulci, especially in the frontal and temporal regions (Figure 10-15A and B). Microscopic examination shows **senile plaques** resulting from degeneration of neurons and **neurofibrillary tangles** (bundles of fibrils in the cytoplasm of a neuron) in the cerebral cortex. Deposits of **amyloid** (a protein) occur in neurofibrillary tangles, senile plaques, and blood vessels. The cause of AD remains unknown, although genetic factors may play a role. A mutation on chromosome 14 has been linked to familial cases. There is as yet no effective treatment.

amyotrophic lateral sclerosis (ALS)

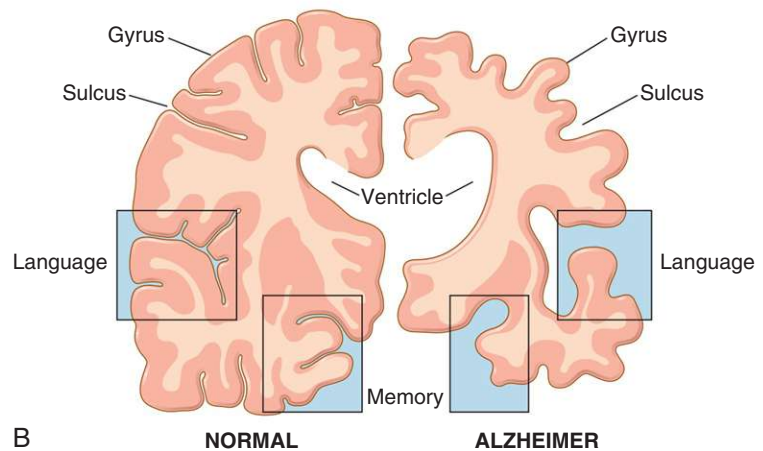
Degenerative disorder of motor neurons in the spinal cord and brainstem.

ALS manifests in adulthood. Signs and symptoms are weakness and atrophy of muscles in the hands, forearms, and legs; difficulty in swallowing and talking and dyspnea develop as the throat and respiratory muscles become affected. Etiology (cause) and cure for ALS both are unknown.

A famous baseball player, Lou Gehrig, became a victim of this disease in the mid-1900s, so the condition became known as **Lou Gehrig disease**.



A



B

NORMAL

ALZHEIMER

FIGURE 10-15 A, Alzheimer disease. Generalized loss of brain parenchyma (neuronal tissue) results in narrowing of the cerebral gyri and widening of the sulci. B, Cross-sectional comparison of a normal brain and a brain from a person with Alzheimer disease.

epilepsy

Chronic brain disorder characterized by recurrent seizure activity.

Seizures are abnormal, sudden discharges of electrical activity within the brain. Seizures are often symptoms of underlying brain pathologic conditions, such as brain tumors, meningitis, vascular disease, or scar tissue from a head injury.

Tonic-clonic seizures (grand mal or ictal events) are characterized by a sudden loss of consciousness, falling down, and then tonic contractions (stiffening of muscles) followed by clonic contractions (twitching and jerking movements of the limbs). These convulsions often are preceded by an **aura**, which is a peculiar sensation experienced by the affected person before onset of a seizure. Dizziness, numbness, and visual or olfactory (sense of smell) disturbances are examples of an aura. **Absence seizures** are a form of seizure consisting of momentary clouding of consciousness and loss of awareness of the person's surroundings. These include **petit mal seizures** in children. Drug therapy (anticonvulsants) is used for control of epileptic seizures. After seizures, there may be neurologic symptoms such as weakness called **postictal events**.

In **temporal lobe epilepsy**, seizures begin in the temporal lobe (on each side of the brain near the ears) of the brain. The most common type of seizure is a **complex partial seizure**. Complex means impaired consciousness and partial indicates not generalized. Commonly these patients have seizures that cause them to pause in whatever they are doing, become confused, and have memory problems.

The term epilepsy comes from the Greek *epilepsis*, meaning a laying hold of. The Greeks thought a victim of a seizure was laid hold of by some mysterious force. The word ictal originates from the Latin *ictus*, meaning a blow or a stroke.

Huntington disease (Huntington chorea)

Hereditary disorder marked by degenerative changes in the cerebrum leading to abrupt involuntary movements and mental deterioration.

This condition typically begins in adulthood and results in personality changes, along with choreic (meaning dance-like) movements (uncontrollable, irregular, jerking movements of the arms and legs and facial grimacing).

The genetic defect in patients with Huntington disease is located on chromosome 4. Patients can be tested for the gene; however, no cure exists, and management is symptomatic.

multiple sclerosis (MS)

Destruction of the myelin sheath on neurons in the CNS and its replacement by plaques of sclerotic (hard) tissue.

One of the leading causes of neurologic disability in persons 20 to 40 years of age, MS is a chronic disease often marked by long periods of stability (remission) and worsening (relapse). **Demyelination** (loss of myelin insulation) prevents the conduction of nerve impulses through the axon and causes paresthesias, muscle weakness, unsteady **gait** (manner of walking), and paralysis. There may be visual (blurred and double vision) and speech disturbances as well. Areas of scarred myelin (plaques) can be seen on MRI scans of the brain (Figure 10-16B). Etiology is unknown but probably involves an autoimmune disease of lymphocytes reacting against myelin. Drugs that are commonly used to treat MS are corticosteroids (to reduce inflammation), interferons (to slow the rate of MS symptoms), and glatiramer (to block the immune system's attack on myelin).



Epilepsy and Seizures

Epilepsy is a brain disorder in which at least two or more seizures appear spontaneously and recurrently. Having a single seizure does not mean that the affected person has epilepsy.

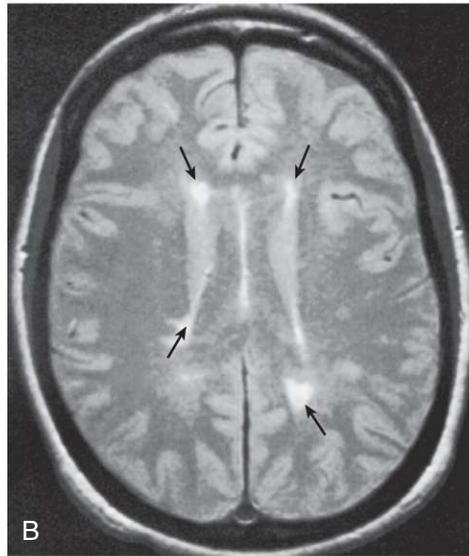
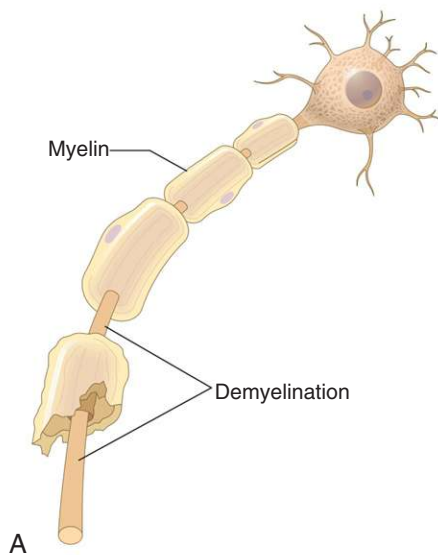


FIGURE 10-16 Multiple sclerosis. **A,** Demyelination of a nerve cell. **B,** This MRI scan shows multiple abnormal white areas that correspond to MS plaques (arrows). The plaques are scar tissue that forms when myelin sheaths are destroyed.

myasthenia gravis (MG)

Autoimmune neuromuscular disorder characterized by weakness of voluntary muscles.

MG is a chronic autoimmune disorder. Antibodies block the ability of acetylcholine (neurotransmitter) to transmit the nervous impulse from nerve to muscle cell. Onset of symptoms usually is gradual. Brainstem signs are prominent and include ptosis of the upper eyelid, double vision (diplopia), and facial weakness. Respiratory paralysis is the main clinical concern. Therapy to reverse symptoms includes anticholinesterase drugs, which inhibit the enzyme that breaks down acetylcholine. Immunosuppressive therapy is used, including intravenous immunoglobulin as well as medications such as corticosteroids (prednisone) and methotrexate. **Thymectomy** is also a method of treatment and is beneficial to many patients.

palsy

Paralysis (partial or complete loss of motor function).

Cerebral palsy is partial paralysis and lack of muscular coordination caused by loss of oxygen (hypoxia) or blood flow to the cerebrum during pregnancy or in the perinatal period. **Bell palsy** (or Bell's palsy) (Figure 10-17) is paralysis on one side of the face. The likely cause is a viral infection, and therapy is directed against the virus (antiviral drugs) and nerve swelling.



FIGURE 10-17 A, Bell palsy. Notice the paralysis on the left side of this man's face: The eyelid does not close properly, the forehead is not wrinkled as would be expected, and there is clear paralysis of the lower face. **B,** The palsy spontaneously resolved after 6 months.

Parkinson disease (parkinsonism)

Degeneration of neurons in the basal ganglia, occurring in later life and leading to tremors, weakness of muscles, and slowness of movement.

This slowly progressive condition is caused by a deficiency of **dopamine**, a neurotransmitter made by cells in the basal ganglia (see Figure 10-9). Motor disturbances include stooped posture, shuffling gait, and muscle stiffness (rigidity). Other signs are a typical “pill-rolling” tremor of hands and a characteristic mask-like lack of facial expression. See Figure 10-18.

Therapy with drugs such as levodopa plus carbidopa (Sinemet) to increase dopamine levels in the brain is **palliative** (relieving symptoms but not curative). Implantation of fetal brain tissue containing dopamine-producing cells is an experimental treatment but has produced uncertain results.

Tourette syndrome

Involuntary, spasmodic, twitching movements; uncontrollable vocal sounds; and inappropriate words.

These involuntary movements, usually beginning with twitching of the eyelid and muscles of the face with verbal outbursts, are called **tics**. Although the cause of Tourette syndrome is not known, it is associated with either an excess of dopamine or a hypersensitivity to dopamine. Psychological problems do not cause Tourette syndrome, but physicians have had some success in treating it with the anti-psychotic drug haloperidol (Haldol), antidepressants, and mood stabilizers.

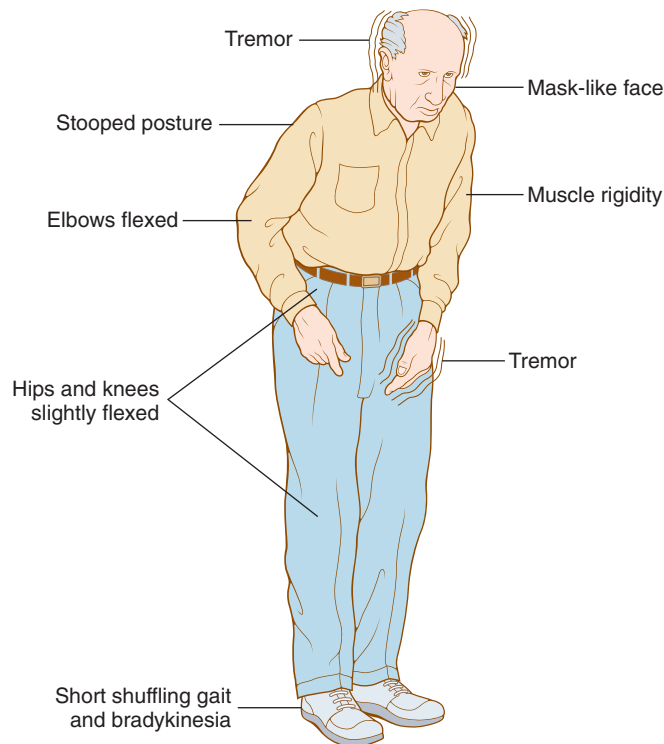


FIGURE 10-18 Primary symptoms of Parkinson disease are tremors in hands, arms, legs, jaw, and face; rigidity or stiffness of limbs and trunk; bradykinesia (shuffling gait), stooped posture, and masklike facies.

INFECTIOUS DISORDERS

herpes zoster (shingles)

Viral infection affecting peripheral nerves.

Blisters and pain spread along peripheral nerves (see Figure 10-19A) and are caused by inflammation due to a herpesvirus (**herpes zoster**), the same virus that causes chickenpox (varicella). Reactivation of the chickenpox virus (herpes varicella-zoster), which remains in the body after the person had chickenpox, occurs. Painful blisters follow the underlying route of cranial or spinal nerves around the trunk of the body; zoster means girdle. Zostavax is a vaccine to prevent shingles. It does not treat shingles and is recommended for people 60 years of age and older.

meningitis

Inflammation of the meninges; leptomeningitis.

This condition can be caused by bacteria (pyogenic meningitis) or viruses (aseptic or viral meningitis). Signs and symptoms are fever and signs of meningeal irritation, such as headache, photophobia (sensitivity to light), and a stiff neck. Lumbar punctures are performed to examine CSF. Physicians use antibiotics to treat the more serious pyogenic form, and antivirals for the viral form.

human immunodeficiency virus (HIV) encephalopathy

Brain disease and dementia occurring with AIDS.

Many patients with AIDS develop neurologic dysfunction. In addition to encephalitis and dementia (loss of mental functioning), some patients develop brain tumors and other infections.

NEOPLASTIC DISORDERS

brain tumor

Abnormal growth of brain tissue and meninges.

Most primary brain tumors arise from glial cells (**gliomas**) or the meninges (**meningiomas**). Types of gliomas include **astrocytoma** (Figure 10-19B), **oligodendroglioma**, and **ependymoma**. The most malignant form of astrocytoma is **glioblastoma multiforme** (-blast means immature) (see Figure 10-19B). Tumors can cause swelling (**cerebral edema**) and hydrocephalus. If CSF pressure is increased, swelling also may occur near the optic nerve (at the back of the eye). Other symptoms include severe headache and new seizures. Gliomas are removed surgically, and radiotherapy is used for tumors that are not completely resected. Steroids are given to reduce swelling after surgery.

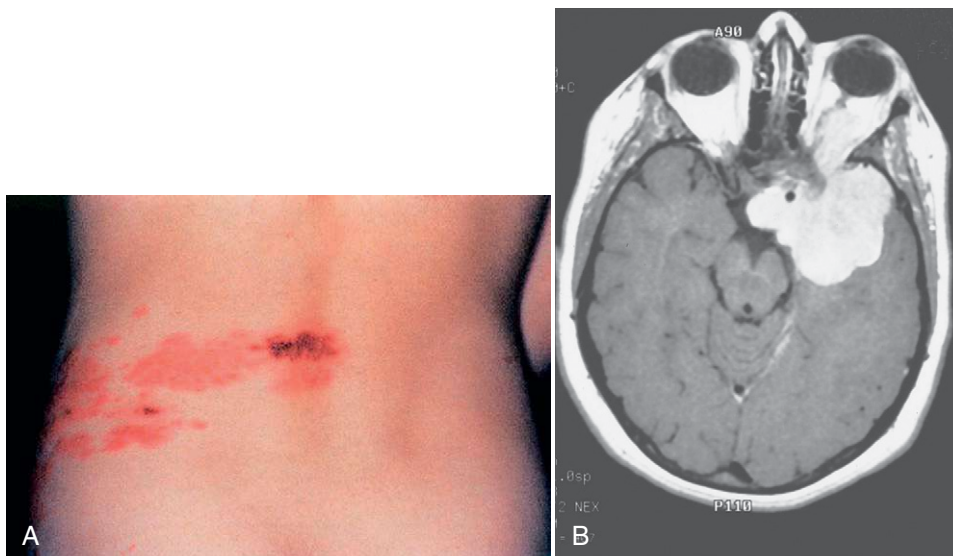


FIGURE 10-19 A, Shingles.
B, Glioblastoma as seen on MRI.

Meningiomas usually are benign and surrounded by a capsule, but they may cause compression and distortion of the brain.

Tumors in the brain also may be single or multiple metastatic growths. Most arise from the lung, breast, skin (melanoma), kidney, and gastrointestinal tract and spread to the brain.

TRAUMATIC DISORDERS

cerebral concussion

Type of traumatic brain injury caused by a blow to the head.

There is usually no evidence of structural damage to brain tissue and loss of consciousness may not occur. Rest is very important after a concussion because it allows the brain to heal. Doctors recommend avoiding demanding mental and physical activities.

cerebral contusion

Bruising of brain tissue as a result of direct trauma to the head.

A cerebral contusion usually is associated with a fracture of the skull, as well as with edema and an increase in intracranial pressure. Subdural and epidural hematomas occur (see Figure 10-12), leading to permanent brain injury with altered memory or speech or development of epilepsy.

VASCULAR DISORDERS

cerebrovascular accident (CVA)

Disruption in the normal blood supply to the brain; stroke.

This condition, also known as a **cerebral infarction**, is the result of impaired oxygen supply to the brain. There are three types of strokes (Figure 10-20):

1. **Thrombotic**—blood clot (**thrombus**) in the arteries leading to the brain, resulting in occlusion (blocking) of the vessel. Atherosclerosis leads to this common type of stroke as blood vessels become blocked over time. Before total occlusion occurs, a patient may experience symptoms that point to the gradual occlusion of blood vessels. These short episodes of neurologic dysfunction are known as **transient ischemic attacks (TIAs)**.

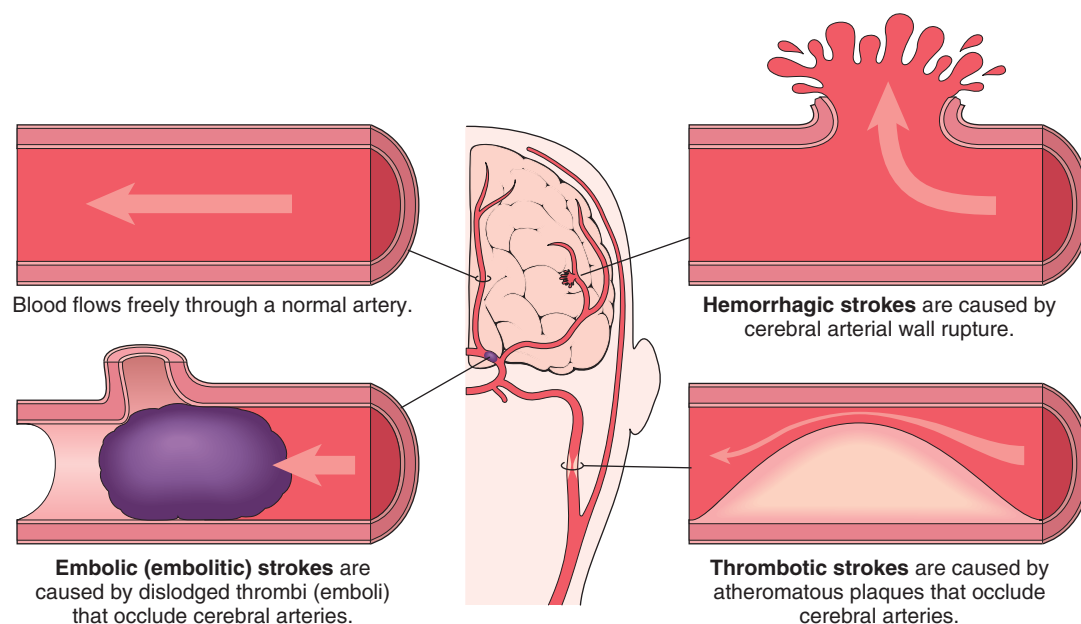


FIGURE 10-20 Three types of strokes: embolic, hemorrhagic, and thrombotic.

2. **Embolic**—an **embolus** (a dislodged thrombus) travels to cerebral arteries and occludes a small vessel. This type of stroke occurs very suddenly.
3. **Hemorrhagic**—a blood vessel, such as the cerebral artery, breaks and bleeding occurs. This type of stroke can be fatal and results from advancing age, atherosclerosis, or high blood pressure, all of which result in degeneration of cerebral blood vessels. With small hemorrhages, the body reabsorbs the blood and the patient makes good recovery with only slight disability. In a younger patient, cerebral hemorrhage usually is caused by mechanical injury associated with skull fracture or rupture of an arterial **aneurysm** (weakened area in the vessel wall that balloons and may eventually burst). See Figure 10-21.

The major risk factors for stroke are hypertension, diabetes, smoking, and heart disease. Other risk factors include obesity, substance abuse (cocaine), and elevated cholesterol levels.

Thrombotic strokes are treated with antiplatelet or anticoagulant (clot-dissolving) therapy. **Tissue plasminogen activator (tPA)** may be started shortly after the onset of a stroke. Surgical intervention with carotid endarterectomy (removal of the atherosclerotic plaque along with the inner lining of the affected carotid artery) is also possible.

migraine

Severe, recurring, unilateral, vascular headache.

Prodromal symptoms are known as an **aura** (peculiar sensations that precede the onset of illness). Symptoms of aura are temporary visual and sensory disturbances, including flashes of light and zigzag lines. Sensitivity to sound (phonophobia) and light (photophobia) are associated with the migraine itself. Migraine pain is believed to be related to dilation of the blood vessels. Treatment to prevent a migraine attack includes medications such as sumatriptan succinate (Imitrex) that target serotonin receptors on blood vessels and nerves. Drugs of this type reduce inflammation and restrict dilation of blood vessels.

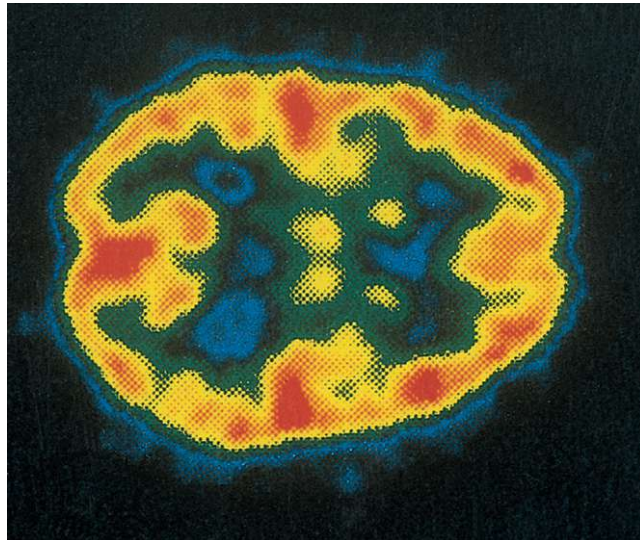


FIGURE 10-21 Cerebral aneurysm.



STUDY SECTION

The following list reviews the new terms used in the Pathology section. Practice spelling each term and know its meaning.

absence seizure	Form of seizure consisting of momentary clouding of consciousness and loss of awareness of surroundings.
aneurysm	Enlarged, weakened area in an arterial wall, which may rupture, leading to hemorrhage and CVA (stroke).
astrocytoma	Malignant tumor of astrocytes (glial brain cells).
aura	Peculiar symptom or sensation occurring before the onset (prodromal) of an attack of migraine or an epileptic seizure.
dementia	Mental decline and deterioration.
demyelination	Destruction of myelin on axons of neurons (as in multiple sclerosis).
dopamine	CNS neurotransmitter, deficient in patient with Parkinson disease.
embolus	Clot of material that travels through the bloodstream and suddenly blocks a vessel.
gait	Manner of walking.
ictal event	Pertaining to a sudden, acute onset, as with the convulsions of an epileptic seizure.
occlusion	Blockage.
palliative	Relieving symptoms but not curing them.
thymectomy	Removal of the thymus gland (a lymphocyte-producing gland in the chest); used as treatment for myasthenia gravis.
TIA	Transient ischemic attack.
tic	Involuntary movement of a small group of muscles, as of the face; characteristic of Tourette syndrome.
tonic-clonic seizure	Major (grand mal) convulsive seizure marked by sudden loss of consciousness, stiffening of muscles, and twitching and jerking movements.

LABORATORY TESTS AND CLINICAL PROCEDURES

LABORATORY TESTS

cerebrospinal fluid analysis

Samples of CSF are examined.

CFS analysis measures protein, glucose, red (RBC) and white (WBC) blood cells as well as other chemical contents of the CSF. CSF analysis can also detect tumor cells (via cytology), bacteria, and viruses. These studies are used to diagnose infection, tumors, or multiple sclerosis.

CLINICAL PROCEDURES

X-Ray Tests

cerebral angiography

X-ray imaging of the arterial blood vessels in the brain after injection of contrast material.

Contrast is injected into the femoral artery (in the thigh), and x-ray motion pictures are taken. These images diagnose vascular disease (aneurysm, occlusion, hemorrhage) in the brain.

**computed tomography (CT)
of the brain**

Computerized x-ray technique that generates multiple images of the brain and spinal cord.

Contrast material may be injected intravenously to highlight abnormalities. The contrast leaks through the **blood-brain barrier** from blood vessels into the brain tissue and shows tumors, aneurysms, bleeding, brain injury, skull fractures, and blood clots. Operations are performed using the CT scan as a road map. CT scans are also particularly useful for visualizing blood and bone.

Magnetic Resonance Techniques**magnetic resonance imaging
(MRI)**

Magnetic field and pulses of radiowave energy create images of the brain and spinal cord.

MRI is better than CT at evaluation of brain parenchyma. It is excellent for viewing brain damage related to infection, inflammation or tumors. It also is used to look for causes of headaches, to help diagnose a stroke, and detect bleeding problems and head injury. Contrast material may be used to enhance images. **Magnetic resonance angiography (MRA)** produces images of blood vessels using magnetic resonance techniques.

Radionuclide Studies**positron emission
tomography (PET) scan**

Radioactive glucose is injected and then detected in the brain to image the metabolic activity of cells.

PET scans provide valuable information about the function of brain tissue in patients, to detect malignancy and to evaluate brain abnormalities in Alzheimer disease, stroke, schizophrenia, and epilepsy (Figure 10-22). Combined **PET-CT scanners** provide images that pinpoint the location of abnormal metabolic activity within the brain.

Ultrasound Examination**Doppler ultrasound studies**

Sound waves detect blood flow in the carotid and intracranial arteries.

The carotid artery carries blood to the brain. These studies detect occlusion in blood vessels.

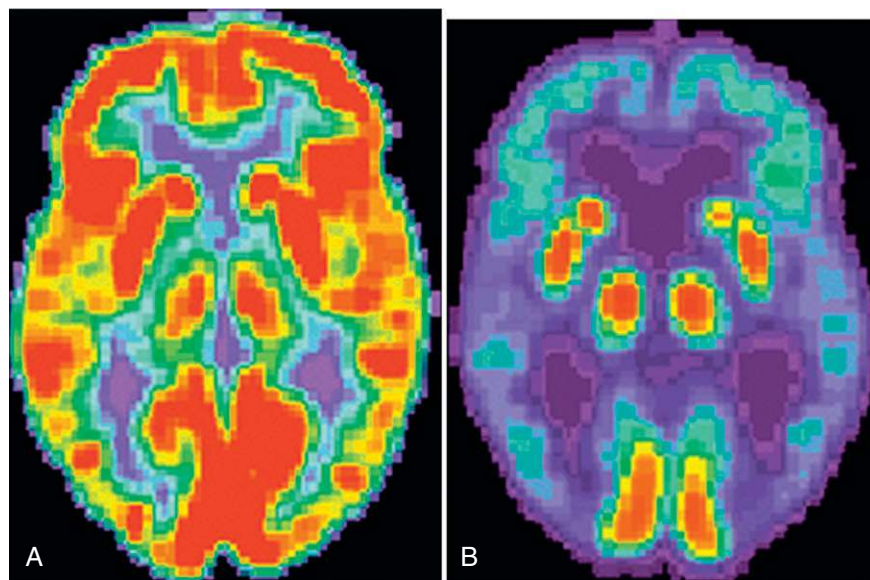


FIGURE 10-22 PET scans. A, Normal brain. B, Brain affected by Alzheimer disease. Red and yellow areas indicate high neural activity. Blue and purple indicate low neural activity.

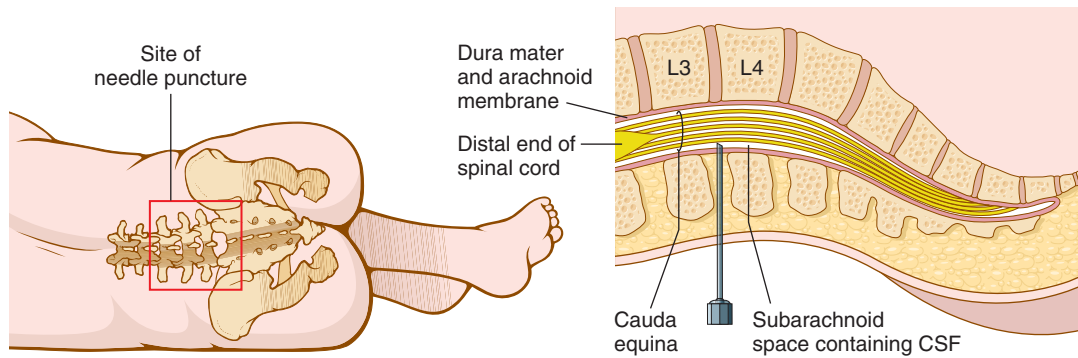


FIGURE 10-23 Lumbar puncture. The patient lies laterally, with the knees drawn up to the abdomen and the chin brought down to the chest. This position increases the spaces between the vertebrae. The lumbar puncture needle is inserted between the third and fourth (or the fourth and fifth) lumbar vertebrae and then is advanced to enter the subarachnoid space.

Other Procedures

electroencephalography (EEG)

Recording of the electrical activity of the brain.

EEG demonstrates seizure activity resulting from brain tumors, other diseases, and injury to the brain. It can also help define diffuse cortical dysfunction (encephalopathies).

lumbar puncture (LP)

CSF is withdrawn from between two lumbar vertebrae for analysis (Figure 10-23).

A device to measure the pressure of CSF may be attached to the end of the needle after it has been inserted. Injection of intrathecal medicines may be administered as well. Some patients experience headache after LP. An informal name for this procedure is “spinal tap.”

stereotactic radiosurgery

Use of a specialized instrument to locate and treat targets in the brain.

The stereotactic instrument is fixed onto the skull and guides the insertion of a needle by three-dimensional measurement. A **Gamma Knife** (high-energy radiation beam) is used to treat deep and often inaccessible intracranial brain tumors and abnormal blood vessel masses (**arteriovenous malformations**) without surgical incision. **Proton stereotactic radiosurgery (PSRS)** delivers a uniform dose of proton radiation to a target and spares surrounding normal tissue (Figure 10-24 A and B).

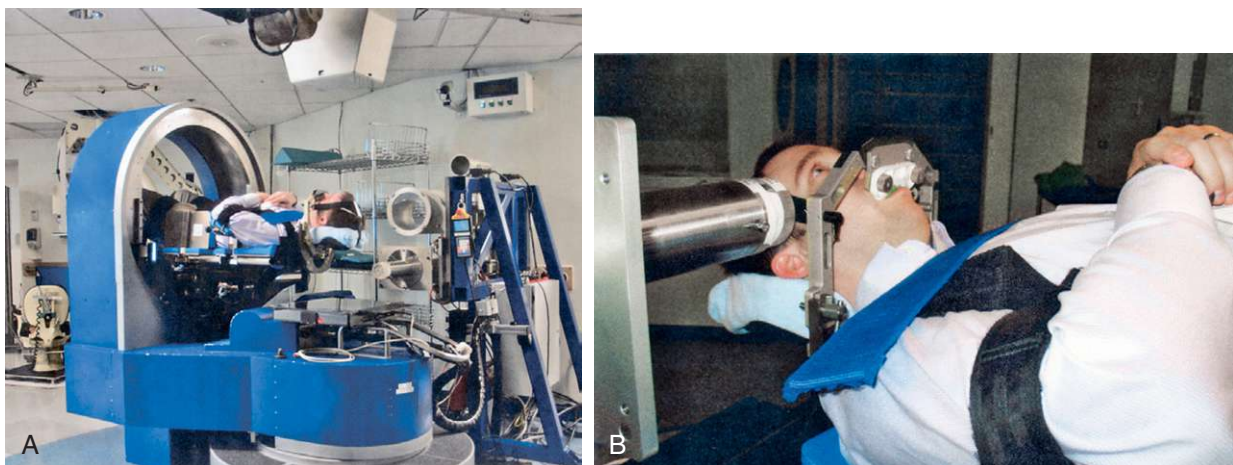


FIGURE 10-24 A, Patient in position on stereotactic proton unit, ready to take an alignment x-ray. B, Stereotactic frame holds the head in place for treatment with proton beam radiosurgery. (Courtesy Department of Radiation Therapy, Massachusetts General Hospital, Boston.)



ABBREVIATIONS

AD	Alzheimer disease	MG	myasthenia gravis
AFP	alpha-fetoprotein; elevated levels in amniotic fluid and maternal blood are associated with congenital malformations of the nervous system, such as anencephaly and spina bifida	MRA	magnetic resonance angiography
ALS	amyotrophic lateral sclerosis—Lou Gehrig disease	MRI	magnetic resonance imaging
AVM	arteriovenous malformation; congenital tangle of arteries and veins in the cerebrum	MS	multiple sclerosis
BBB	blood-brain barrier	½P	hemiparesis
CNS	central nervous system	PCA	patient-controlled analgesia
CSF	cerebrospinal fluid	PET	positron emission tomography
CT	computed tomography	PNS	peripheral nervous system
CVA	cerebrovascular accident	PSRS	proton stereotactic radiosurgery
EEG	electroencephalography	Sz	seizure
GABA	gamma-aminobutyric acid (neurotransmitter)	TBI	traumatic brain injury
ICP	intracranial pressure (normal pressure is 5 to 15 mm Hg)	TENS	transcutaneous electrical nerve stimulation; technique using a battery-powered device to relieve acute and chronic pain
LP	lumbar puncture	TIA	transient ischemic attack; temporary interference with the blood supply to the brain
MAC	monitored anesthetic care	TLE	temporal lobe epilepsy
		tPA	tissue plasminogen activator; a clot-dissolving drug used as therapy for stroke



PRACTICAL APPLICATIONS

Answers to the following case report and case study are on page 387.

CASE REPORT: CEREBRAL INFARCTION

This patient was admitted on January 14 with a history of progressive right hemiparesis for the previous 1 to 2 months; fluctuating numbness of the right arm, thorax, and buttocks; jerking of the right leg; periods of speech arrest; diminished comprehension in reading; and recent development of a hemiplegic gait. He is suspected of having a left parietal tumor [the parietal lobes of the cerebrum are on either side under the roof of the skull].

Examinations done before hospitalization included skull films, EEG, and CSF analysis, which were all normal. After admission, an MRI was abnormal in the left parietal region, as was the EEG.

An MRA study to assess cerebral blood vessels was attempted, but the patient became progressively more restless and agitated after sedation, so the procedure was stopped. During the recovery phase from the sedation, the patient was alternately somnolent [sleepy] and violent, but it was later apparent that he had developed almost a complete aphasia and right hemiplegia.

In the next few days, he became more alert, although he remained dysarthric [from the Greek *arthroun*, to utter distinctly] and hemiplegic.

MRI and MRA with the patient under general anesthesia on January 19 showed complete occlusion of the left internal carotid artery with cross-filling of the left anterior and middle cerebral arteries from the right internal carotid circulation.

Final diagnosis: Left CVA caused by left internal carotid artery occlusion.

[Figure 10-25 shows the common carotid arteries and their branches within the head and brain.]

Questions about the Case Report

1. The patient was admitted with a history of
 - a. Right-sided paralysis caused by a previous stroke
 - b. Paralysis on the left side of his body
 - c. Increasing paresis on the right side of his body
2. The patient also has experienced periods of
 - a. Aphasia and dyslexia
 - b. Dysplastic gait
 - c. Apraxia and aphasia
3. After his admission, where did the MRI show an abnormality?
 - a. Right posterior region of the brain
 - b. Left and right sides of the brain
 - c. Left side of the brain
4. What test determined the final diagnosis?
 - a. EEG for both sides of the brain
 - b. CSF analysis and cerebral angiography
 - c. MRI and MRA
5. What was the final diagnosis?
 - a. A stroke; ischemic tissue in the left cerebrum caused by blockage of an artery
 - b. Cross-filling of blood vessels from the left to the right side of the brain
 - c. Cerebral palsy on the left side of the brain with cross-filling of two cerebral arteries

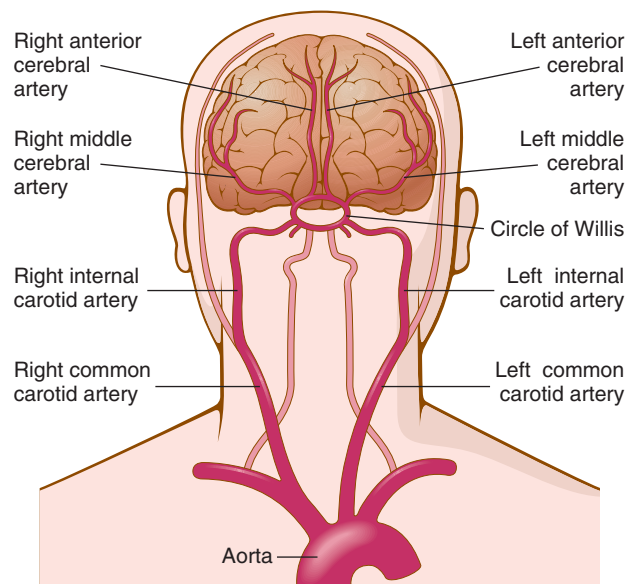


FIGURE 10-25 Common carotid arteries and their branches.

PAIN MEDICATIONS

Pain is a major symptom in many medical conditions. Both the area of injury and how the brain deals with it affect the sensations of pain. Medications to relieve pain (analgesics) act in different ways:

- Nonsteroidal anti-inflammatory drugs (NSAIDs) relieve pain by stopping inflammation. Examples are nonprescription drugs, such as ibuprofen (Advil, Motrin, Excedrin), aspirin (Anacin, Ascriptin, Bufferin), and naproxen (Aleve). Other NSAIDs that require a prescription are Toradol (ketorolac) and Feldine (pivoxicain).
- Acetaminophen (Tylenol) relieves fever and mild pain but is not an anti-inflammatory drug. It is not clear how acetaminophen works.
- Narcotics relieve pain by affecting receptors in the brain to control the perception of pain. Examples are morphine, codeine, oxycodone, and hydrocodone. Combinations of narcotics and acetaminophen are Vicodin (acetaminophen with hydrocodone) and Percocet (acetaminophen with oxycodone).

NEUROPATHIC PAIN AND CASE STUDY

Neuropathic pain is a unique type of pain that accompanies illnesses and trauma. Patients describe this pain as:

- radiating or spreading
- an electric shock–like sensation
- hot or burning
- shooting, piercing, darting, or stabbing (lancinating)
- abnormal skin sensations (paresthesias): numbness, tingling, “pins and needles”
- pain to light touch
- extreme sensitivity to ordinary, innocuous stimuli
- often independent of movement

Case Study

A 68-year-old man awoke one morning with severe pain in his right shoulder. On turning his head or lifting his shoulder, he experienced extreme discomfort and lancinating pain. The pain was a sharp, burning pain that moved across his shoulder and down into his right arm. Finding a comfortable position lying down was difficult. A cervical MRI study showed no bone abnormalities, whereas a neurologic examination provided evidence of damage to multiple peripheral nerves. He developed weakness of his shoulder muscles and was unable to lift his right arm. Final diagnosis was brachial plexus neuritis [also known as Parsonage-Turner syndrome]. The cause of the condition is unknown, but it may be related to a flu vaccination he received 2 weeks previously. Treatment consisted of pain medication and physical therapy to rehabilitate weakened muscles in his arm and shoulder.

Questions about the Case Study

1. The cervical MRI study showed
 - a. Damage to the vertebrae in the neck
 - b. Nerve entrapment in the upper spine
 - c. Damage to multiple peripheral nerves
 - d. Normal vertebrae in the neck
2. Lancinating pain is
 - a. Pain to light touch
 - b. Characterized by paresthesia
 - c. Stabbing, piercing, shooting
 - d. Characterized by numbness and tingling
3. The patient's diagnosis is best described as
 - a. Inflammation of cervical nerve roots affecting his shoulder and arm
 - b. Inflammation of a network of nerves in his shoulder that control muscles in his arm
 - c. First stages of a heart attack, marked by radiating arm pain
 - d. Autoimmune disorder affecting voluntary muscles in his shoulder and arm



IN PERSON

This is a first person account of a woman in her mid-forties living with sciatica.

Five years ago, I wouldn't have believed that reaching into a laundry basket could change my my life. But in January 2009, it did.

I had gotten my first-ever backache a few days earlier, after a long car trip. A Google search instructed me to apply ice for the first 48 hours and then heat, if the pain persisted. My husband took over the kids' school day routine while I recuperated. That third morning, I could hear my younger son rifling around for his favorite sweatshirt; I knew it was at the foot of my bed waiting to be sorted. In the instant it took to reach into the laundry basket for that sweatshirt, my back went from dull ache to a crippling pain that radiated all the way down my left leg, to the tip of my left foot.

An MRI confirmed the diagnosis: spinal disc herniation, protruding onto the sciatic nerve root, causing the leg pain. Surgery being presented as a last resort, I embarked on a crash course of physical therapy, NSAIDs, oral steroids, muscle relaxants, epidural steroid injections, and lots and lots of patience. I saw gradual improvement for about three months, to the point that I was able to resume a modified daily routine.

Then, the improvement stopped. Conventional treatment had run its course. I was at the "last resort" stage. So I "cried uncle" and requested a surgical consult. The surgeon ordered a follow-up MRI, which showed good news: there had been much improvement to the herniation. To my surprise, the MRI also revealed that the sciatic nerve was now free and clear of impingement. If the nerve was back to normal, why was I still in such pain? Because, it turns out, the nerve was injured by its ordeal. Not uncommon, I was reassured. This development took the surgical option off the table. After all, the goal of the surgery would have been to relieve the affected nerve from compression by the protruding disc. In my case, even the relieved nerve was causing problems, and that meant not surgery, but more patience. The wait began: to see whether the the nerve would repair itself—I was told that could take years—or worse, whether I was facing permanent nerve damage.

Three years later the verdict seems clear: my sciatic nerve sustained what appears to be permanent damage. To this day, I have not regained full use of my left leg. Along with chronic, dull pain, there are also paresthesias—simultaneous burning and numbness along the path of the sciatic nerve accompanied by constant, involuntary muscle spasms. I've lost my Achilles jerk reflex, and so unresponsive is my left foot that I can't feel it hit the ground when I'm walking.

In those critical first months, I thought my options were either resolving the herniation with surgery or resolving it without surgery. It never once occurred to me that, four years later, the injury would remain unresolved.

There's always a new treatment, or specialist, or drug that shows promise or really worked for a friend of a friend. Until recently, it felt like I was giving up hope if I didn't pursue each lead. Now I'm focusing more on adapting to my new circumstances than on finding a "cure." I don't want my whole life to revolve around sciatica. I found a medication which reduces the chronic pain to more of an annoyance than a crisis (with occasional flare-ups).

I missed my old life and wanted it back. At the risk of sounding like a late night pharmaceutical ad, I'm not giving up; I'm going on.

AUTHOR'S NOTE: Everyone's experience with sciatica is unique. I recently experienced the condition myself, resulting from a L4-L5 disk herniation. After 7 months of pain radiating down right leg, I had microdiscectomy surgery, which fortunately alleviated my pain and sciatica.



EXERCISES

Remember to check your answers carefully with the Answers to Exercises, page 385.

A Match the following neurologic structures with their meanings as given below.

astrocyte

axon

cauda equina

cerebral cortex

dendrite

meninges

myelin sheath

neuron

oligodendroglial cell

plexus

1. microscopic fiber leading from the cell body that carries the nervous impulse along a nerve cell _____
2. large, interlacing network of nerves _____
3. three protective membranes surrounding the brain and spinal cord _____
4. microscopic branching fiber of a nerve cell that is the first part to receive the nervous impulse _____
5. outer region of the largest part of the brain; composed of gray matter _____
6. glial cell that transports water and salts between capillaries and nerve cells _____
7. glial cell that produces myelin _____
8. a nerve cell that transmits a nerve impulse _____
9. collection of spinal nerves below the end of the spinal cord at the level of the second lumbar vertebra _____
10. fatty tissue that surrounds the axon of a nerve cell _____

B Give the meanings of the following terms.

1. dura mater _____
2. central nervous system _____
3. peripheral nervous system _____
4. arachnoid membrane _____
5. hypothalamus _____
6. synapse _____
7. sympathetic nerves _____
8. medulla oblongata _____
9. pons _____
10. cerebellum _____

11. thalamus _____
12. ventricles of the brain _____
13. brainstem _____
14. cerebrum _____
15. ganglion _____

C Match the following terms with the meanings or associated terms below.

glial cells	neurotransmitter	sensory nerves
gyri	parenchymal cell	subarachnoid space
motor nerves	pia mater	sulci

1. innermost meningeal membrane _____
2. carry messages away from (efferent) the brain and spinal cord to muscles and glands

3. carry messages toward (afferent) the brain and spinal cord from receptors _____
4. grooves in the cerebral cortex _____
5. contains cerebrospinal fluid _____
6. elevations in the cerebral cortex _____
7. chemical that is released at the end of a nerve cell and stimulates or inhibits another cell
(example: acetylcholine) _____
8. essential cell of the nervous system; a neuron _____
9. connective and supportive (stromal) tissue _____

D Circle the correct term for the given definition.

1. disease of the brain (**encephalopathy**, myelopathy)
2. part of the brain that controls muscular coordination and balance (**cerebrum**, cerebellum)
3. collection of blood above the dura mater (**subdural hematoma**, epidural hematoma)
4. inflammation of the pia and arachnoid membranes (**leptomeningitis**, causalgia)
5. condition of absence of a brain (**hypalgesia**, **anencephaly**)
6. inflammation of the gray matter of the spinal cord (**poliomyelitis**, polyneuritis)
7. pertaining to the membranes around the brain and spinal cord (**cerebellopontine**, meningeal)
8. disease of nerve roots (of spinal nerves) (**neuropathy**, **radiculopathy**)
9. hernia of the spinal cord and meninges (**myelomeningocele**, meningioma)
10. pertaining to the tenth cranial nerve (**thalamic**, vagal)

E Give the meanings of the following terms.

1. cerebral cortex _____
2. intrathecal _____
3. polyneuritis _____
4. thalamic _____
5. myelopathy _____
6. meningioma _____
7. glioma _____
8. subdural hematoma _____

F Match the following neurologic symptoms with the meanings below.

aphasia	dyslexia	narcolepsy
ataxia	hemiparesis	neurasthenia
bradykinesia	hyperesthesia	paraplegia
causalgia	motor apraxia	syncope

1. reading disorder _____
2. condition of decreased coordination _____
3. condition of slow movement _____
4. condition of increased sensation _____
5. seizure of sleep; uncontrollable compulsion to sleep _____
6. difficulty with speech _____
7. inability to perform a task _____
8. weakness in the right or left half of the body _____
9. severe burning pain due to nerve injury _____
10. paralysis in the lower part of the body _____
11. fainting _____
12. nervous exhaustion (lack of strength) and fatigue _____

G Give the meanings of the following terms.

1. analgesia _____
2. motor aphasia _____
3. paresis _____
4. quadriplegia _____
5. asthenia _____

6. comatose _____
7. paresthesia _____
8. hyperkinesis _____
9. anesthesia _____
10. causalgia _____
11. akinetic _____
12. hypalgesia _____
13. dyskinesia _____
14. migraine _____

H Match the following terms with their descriptions below. The terms in boldface are clues!

Alzheimer disease	Huntington disease	myasthenia gravis
amyotrophic lateral sclerosis	hydrocephalus	Parkinson disease
Bell palsy	multiple sclerosis	myelomeningocele
epilepsy		

1. Destruction of myelin sheath (demyelination) and its replacement by **hard** plaques

2. Sudden, transient disturbances of brain function cause **seizures** _____
3. The **spinal** column is imperfectly joined (a **split** in a vertebra occurs), and part of the meninges and spinal cord can herniate out of the spinal cavity _____
4. **Atrophy** of muscles and paralysis caused by damage to motor neurons in the spinal cord and brainstem _____
5. Patient displays bizarre, abrupt, involuntary, **dance**-like movements, as well as decline in mental functions _____
6. Cerebrospinal **fluid** accumulates in the **head** (in the ventricles of the brain) _____
7. **Loss of muscle strength** due to the inability of a neurotransmitter (acetylcholine) to transmit impulses from nerve cells to muscle cells _____
8. Degeneration of nerves in the basal ganglia occurring in later life, leading to tremors, shuffling gait, and muscle stiffness; **dopamine** (neurotransmitter) is deficient in the brain

9. Deterioration of mental capacity (**dementia**); autopsy shows cerebral cortex atrophy, widening of cerebral sulci, and microscopic neurofibrillary tangles _____
10. Unilateral facial **paralysis** _____

I Give the meanings of the following terms for abnormal conditions.

1. astrocytoma _____
2. pyogenic meningitis _____
3. Tourette syndrome _____
4. cerebral contusion _____
5. cerebrovascular accident _____
6. cerebral concussion _____
7. herpes zoster _____
8. cerebral embolus _____
9. cerebral thrombosis _____
10. cerebral hemorrhage _____
11. cerebral aneurysm _____
12. HIV encephalopathy _____

J Match the term in Column I with the letter of its associated term or meaning in Column II.

COLUMN I

1. ataxia _____
2. aura _____
3. transient ischemic attack _____
4. tonic-clonic seizure _____
5. herpes zoster _____
6. palliative _____
7. dopamine _____
8. occlusion _____
9. absence seizure _____
10. glioblastoma multiforme _____

COLUMN II

- A. relieving, but not curing
- B. virus that causes chickenpox and shingles
- C. uncoordinated gait
- D. neurotransmitter
- E. peculiar sensation experienced by patient before onset of seizure
- F. malignant brain tumor of immature glial cells
- G. major epileptic seizure; ictal event
- H. blood flow to the brain stops for a brief period of time
- I. minor epileptic seizure
- J. blockage

K Describe what happens in the following two procedures.

1. MRI of the brain _____
2. stereotactic radiosurgery with Gamma Knife _____

L Match the following easily confused terms with their meanings below.

analgesia	ataxia	neurasthenia
anesthesia	dyskinesia	paresis
aphasia	dyslexia	paresthesia
apraxia	hyperkinesia	

1. lack of nerve strength _____
2. inability to speak _____
3. inability to perform purposeful actions _____
4. condition of insensitivity to pain _____
5. condition of loss of sensation _____
6. sensations of tingling, numbness, or “pins and needles” _____
7. lack of coordination _____
8. excessive movement _____
9. abnormal, involuntary, spasmodic movements _____
10. developmental reading disorder _____
11. partial paralysis _____

M Give the meanings of the following abbreviations and then select the letter of the best association for each.

COLUMN I

1. EEG _____
2. PET _____
3. AFP _____
4. MS _____
5. MRI _____
6. LP _____
7. CVA _____
8. AD _____
9. TIA _____
10. CSF _____

COLUMN II

- A. Gradually progressive dementia
- B. Stroke; embolus, hemorrhage, or thrombosis are etiologic factors
- C. Intrathecal medications can be administered through this procedure.
- D. This fluid is analyzed for abnormal blood cells, chemicals, and protein.
- E. Procedure to diagnose abnormal electrical activity in the brain
- F. Neurologic symptoms and/or signs due to temporary interference of blood supply to the brain
- G. High levels in amniotic fluid and maternal blood are associated with spina bifida.
- H. Diagnostic procedure that allows excellent visualization of soft tissue in the brain
- I. Radioactive materials, such as glucose, are taken up by the brain, and images recorded.
- J. Destruction of the myelin sheath in the CNS occurs with plaques of hard scar tissue.

N Circle the terms that complete the meanings of the sentences.

1. Maria had such severe headaches that she could find relief only with strong analgesics. Her condition of (**spina bifida, migraine, epilepsy**) was debilitating.
2. Paul was in a coma after his high-speed car accident. His physicians were concerned that he had suffered a (**palsy, myelomeningocele, contusion and subdural hematoma**) as a result of the accident.
3. Dick went to the emergency department complaining of dizziness, nausea, and headache. The physician, suspecting increased ICP, prescribed corticosteroids, and Dick's symptoms disappeared. They returned, however, when the steroids were discontinued. A/an (**MRI study of the brain, electroencephalogram, CSF analysis**) revealed a large brain lesion. It was removed surgically and determined to be a/an (**embolus, glioblastoma multiforme, migraine**).
4. Dorothy felt weakness in her hand and numbness in her arm, and noticed blurred vision, all signs of (**herpes zoster, meningitis, TIA**). Her physician requested (**myelography, MRA, lumbar puncture**) to assess any damage to cerebral blood vessels and possible stroke.
5. When Bill noticed ptosis and muscle weakness in his face, he reported these symptoms to his doctor. The doctor diagnosed his condition as (**Tourette syndrome, Huntington disease, myasthenia gravis**) and prescribed (**dopamine, anticonvulsants, anticholinesterase drugs**), which relieved his symptoms.
6. To rule out bacterial (**epilepsy, encephalomalacia, meningitis**), Dr. Phillips, a pediatrician, requested that a/an (**EEG, PET scan, LP**) be performed on the febrile (feverish) child.
7. Eight-year-old Barry reversed his letters and had difficulty learning to read and write words. His family physician diagnosed his problem as (**aphasia, dyslexia, ataxia**).
8. After his head hit the steering wheel during a recent automobile accident, Clark noticed (**hemiparesis, paraplegia, hyperesthesia**) on the left side of his body. A head CT scan revealed (**narcolepsy, neurasthenia, subdural hematoma**).
9. For her 35th birthday, Elizabeth's husband threw her a surprise party. She was so startled by the crowd that she experienced a weakness of muscles and loss of consciousness. Friends placed her on her back in a horizontal position with her head low to improve blood flow to her brain. She soon recovered from her (**myoneural, syncopal, hyperkinetic**) episode.
10. Near his 65th birthday, Edward began having difficulty remembering recent events. Over the next 5 years, he developed (**dyslexia, dementia, seizures**) and was diagnosed with (**multiple sclerosis, myasthenia gravis, Alzheimer disease**).
11. Elderly Mrs. Smith had been taking an antipsychotic drug for 5 years when she began exhibiting lip smacking and darting movements of her tongue. Her doctor described her condition as (**radiculitis, tardive dyskinesia, hemiparesis**) and discontinued her drug. The condition, acquired after use of the drug, would be considered (**iatrogenic, congenital, ictal**).

Complete the spelling of the following terms based on their meanings.

1. part of the brain that controls sleep, appetite, temperature, and secretions of the pituitary gland:
hypo_____
2. pertaining to fainting: syn_____
3. abnormal tingling sensations: par_____
4. slight paralysis: par_____
5. inflammation of a spinal nerve root: _____itis
6. inability to speak correctly: a_____
7. movements and behavior that are not purposeful: a_____
8. lack of muscular coordination: a_____
9. developmental reading disorder: dys_____
10. excessive movement: hyper_____
11. paralysis in one half (right or left) of the body: _____plegia
12. paralysis in the lower half of the body: _____plegia
13. paralysis in all four limbs: _____plegia
14. nervous exhaustion and fatigue: neur_____

ANSWERS TO EXERCISES

A

- | | | |
|-------------|--------------------------|-------------------|
| 1. axon | 5. cerebral cortex | 8. neuron |
| 2. plexus | 6. astrocyte | 9. cauda equina |
| 3. meninges | 7. oligodendroglial cell | 10. myelin sheath |
| 4. dendrite | | |

B

- | | | |
|--|---|--|
| 1. outermost meningeal layer surrounding the brain and spinal cord | 7. autonomic nerves that influence body functions involuntarily in times of stress | 11. part of the brain below the cerebrum; relay center that conducts impulses between the spinal cord and the cerebrum |
| 2. brain and the spinal cord | 8. part of the brain just above the spinal cord that controls breathing, heartbeat, and the size of blood vessels | 12. canals in the interior of the brain that are filled with CSF |
| 3. nerves outside the brain and spinal cord; cranial, spinal, and autonomic nerves | 9. part of the brain anterior to the cerebellum and between the medulla and the upper parts of the brain; connects these parts of the brain | 13. lower portion of the brain that connects the cerebrum with the spinal cord (includes the pons and the medulla) |
| 4. middle meningeal membrane surrounding the brain and spinal cord | 10. posterior part of the brain that coordinates voluntary muscle movements | 14. largest part of the brain; controls voluntary muscle movement, vision, speech, hearing, thought, memory |
| 5. part of the brain below the thalamus; controls sleep, appetite, body temperature, and secretions from the pituitary gland | | 15. collection of nerve cell bodies outside the brain and spinal cord |
| 6. space through which a nervous impulse is transmitted from a nerve cell to another nerve cell or to a muscle or gland cell | | |

C

- | | | |
|-------------------|-----------------------|---------------------|
| 1. pia mater | 4. sulci | 7. neurotransmitter |
| 2. motor nerves | 5. subarachnoid space | 8. parenchymal cell |
| 3. sensory nerves | 6. gyri | 9. glial cells |

D

- | | | |
|----------------------|------------------|---------------------|
| 1. encephalopathy | 5. anencephaly | 8. radiculopathy |
| 2. cerebellum | 6. poliomyelitis | 9. myelomeningocele |
| 3. epidural hematoma | 7. meningeal | 10. vagal |
| 4. leptomeningitis | | |

E

- | | | |
|---|--------------------------------|--|
| 1. outer region of the cerebrum (contains gray matter) | 3. inflammation of many nerves | 7. tumor of neuroglial cells (a brain tumor) |
| 2. pertaining to within a sheath through the meninges and into the subarachnoid space | 4. pertaining to the thalamus | 8. mass of blood below the dura mater (outermost meningeal membrane) |
| | 5. disease of the spinal cord | |
| | 6. tumor of the meninges | |

F

- | | | |
|------------------|------------------|------------------|
| 1. dyslexia | 5. narcolepsy | 9. causalgia |
| 2. ataxia | 6. aphasia | 10. paraplegia |
| 3. bradykinesia | 7. motor apraxia | 11. syncope |
| 4. hyperesthesia | 8. hemiparesis | 12. neurasthenia |

G

- | | | |
|---|--|---|
| 1. lack of sensitivity to pain | 5. no strength (weakness) | 10. severe burning pain from injury to peripheral nerves |
| 2. difficulty in speaking (patient cannot articulate words but can understand speech and knows what she or he wants to say) | 6. pertaining to coma (loss of consciousness from which the patient cannot be aroused) | 11. pertaining to without movement |
| 3. weakness and partial loss of movement | 7. condition of abnormal sensations (prickling, tingling, burning) | 12. diminished sensation to pain |
| 4. paralysis in all four extremities (damage is to the cervical part of the spinal cord) | 8. excessive movement | 13. impairment of the ability to perform voluntary movements |
| | 9. condition of no sensation or nervous feeling | 14. recurrent vascular headache with severe pain of unilateral onset and photophobia (sensitivity to light) |

H

- | | | |
|----------------------------------|-----------------------|----------------------|
| 1. multiple sclerosis | 5. Huntington disease | 8. Parkinson disease |
| 2. epilepsy | 6. hydrocephalus | 9. Alzheimer disease |
| 3. myelomeningocele | 7. myasthenia gravis | 10. Bell palsy |
| 4. amyotrophic lateral sclerosis | | |

I

- | | | |
|---|--|---|
| 1. tumor of neuroglial brain cells (astrocytes) | 6. traumatic brain injury caused by a blow to the head | 9. blockage of a blood vessel in the cerebrum caused by the formation of a clot within the vessel |
| 2. inflammation of the meninges (bacterial infection with pus formation) | 7. neurologic condition caused by infection with herpes zoster virus; blisters form along the course of peripheral nerves | 10. collection of blood in the brain (can cause a stroke) |
| 3. involuntary spasmodic, twitching movements (tics), uncontrollable vocal sounds, and inappropriate word | 8. blockage of a blood vessel in the cerebrum caused by material from another part of the body that suddenly occludes the vessel | 11. widening of a blood vessel (artery) in the cerebrum; the aneurysm can burst and lead to a CVA |
| 4. bruising of brain tissue as a result of direct trauma to the head | | 12. brain disease (dementia and encephalitis) caused by infection with AIDS virus |
| 5. disruption of the normal blood supply to the brain; stroke or cerebral infarction | | |

J

- | | | |
|------|------|-------|
| 1. C | 5. B | 8. J |
| 2. E | 6. A | 9. I |
| 3. H | 7. D | 10. F |
| 4. G | | |

K

- | | |
|--|---|
| 1. use of magnetic waves to create an image (in frontal, transverse, or sagittal plane) of the brain | 2. an instrument (stereotactic) is fixed onto the skull and locates a target by three-dimensional measurement; gamma radiation or proton beams are used to treat deep brain lesions |
|--|---|

L

- | | | |
|-----------------|-----------------|---------------|
| 1. neurasthenia | 5. anesthesia | 9. dyskinesia |
| 2. aphasia | 6. paresthesia | 10. dyslexia |
| 3. apraxia | 7. ataxia | 11. paresis |
| 4. analgesia | 8. hyperkinesia | |

M

- | | | |
|------------------------------------|----------------------------------|---------------------------------|
| 1. electroencephalography: E | 5. magnetic resonance imaging: H | 8. Alzheimer disease: A |
| 2. positron emission tomography: I | 6. lumbar puncture: C | 9. transient ischemic attack: F |
| 3. alpha-fetoprotein: G | 7. cerebrovascular accident: B | 10. cerebrospinal fluid: D |
| 4. multiple sclerosis: J | | |

N

- | | | |
|--|--|------------------------------------|
| 1. migraine | 5. myasthenia gravis; anticholinesterase drugs | 8. hemiparesis; subdural hematoma |
| 2. contusion and subdural hematoma | 6. meningitis; LP | 9. syncopal |
| 3. MRI of the brain; glioblastoma multiforme | 7. dyslexia | 10. dementia; Alzheimer disease |
| 4. TIA; MRA | | 11. tardive dyskinesia; iatrogenic |

O

- | | | |
|-----------------|------------------|------------------|
| 1. hypothalamus | 6. aphasia | 11. hemiplegia |
| 2. syncopal | 7. apraxia | 12. paraplegia |
| 3. paresthesias | 8. ataxia | 13. quadriplegia |
| 4. paresis | 9. dyslexia | 14. neurasthenia |
| 5. radiculitis | 10. hyperkinesia | |

Answers to Practical Applications
Case Report: Cerebral Infarction

1. c
2. a
3. c
4. c
5. a

Neuropathic Pain and Case Study

1. d
2. c
3. b



PRONUNCIATION OF TERMS

To test your understanding of the terminology in this chapter, write the meaning of each term in the space provided. In addition, you may wish to cover the terms and write them by looking at your definitions. Make sure your spelling is correct. The page number after each term indicates where it is defined or used in the book, so you can easily check your responses. You will find complete definitions for all of these terms and their audio pronunciations on the Evolve website.

Pronunciation Guide

ā as in āpe	ă as in ăpple
ē as in ēven	ě as in ěvery
ī as in īce	ĩ as in ĩnterest
ō as in ōpen	ő as in pőt
ū as in ūnit	ű as in ūnder

Vocabulary and Combining Forms and Terminology

TERM	PRONUNCIATION	MEANING
acetylcholine (355)	ās-ě-tīl-KŌ-lēn	
afferent nerve (355)	ĀF-fēr-ěnt nĕrv	
akinetiс (360)	ă-kī-NĒT-īk	
analgesia (359)	ăn-ăl-JĒ-zē-ă	
anencephaly (359)	ăn-ěn-SĚF-ă-lē	
anesthesia (360)	ăn-ēs-THE-zē-ă	
aphasia (361)	ă-FĀ-zē-ă	
apraxia (362)	Ā-PRĀK-sē-ă	
arachnoid membrane (355)	ă-RĀK-noyd MĚM-brān	
astrocyte (355)	ĀS-trō-sīt	
ataxia (362)	ă-TĀK-sē-ă	
autonomic nervous system (355)	ăw-tō-NŌM-īk NĚR-vūs SĪS-tēm	
axon (355)	ĀK-sōn	
blood-brain barrier (355)	blūd-brĀn BĀ-rē-ěr	
bradykinesia (360)	brĀ-dē-kī-NĒ-zē-ă	
brainstem (355)	BRĀN-stēm	
cauda equina (355)	KĀW-dă ě-KWĪ-nă	
causalgia (360)	kăw-ZĀL-jă	
cell body (355)	sĕl BŎD-ē	
central nervous system (355)	SĚN-trāl NĚR-vūs SĪS-tēm	
cephalgia (360)	sĕ-FĀL-jă	
cerebellar (357)	sĕr-ě-BĚL-ăr	

TERM	PRONUNCIATION	MEANING
cerebellopontine (359)	sěr-ě-běl-ō-PŎN-těn	_____
cerebellum (355)	sěr-ě-BĚL-ŭm	_____
cerebral cortex (355)	sě-RĚ-brāl (<i>or</i> SĚR-ě-brāl) KŎR-těks	_____
cerebrospinal fluid (355)	sě-rě-brō-SPI-nāl FLOO-ĭd	_____
cerebrum (355)	sě-RĚ-brŭm	_____
coma (360)	KŎ-mă	_____
comatose (360)	KŎ-mă-tōs	_____
cranial nerves (355)	KRĀ-nē-ăl nĕrvz	_____
dendrite (355)	DĚN-drit	_____
dura mater (355)	DŪR-ă MĂ-těr	_____
dyslexia (361)	dĭs-LĚK-sē-ă	_____
dyskinesia (360)	dĭs-kĭ-NĚ-zē-ă	_____
efferent nerve (355)	ĚF-fěr-ěnt nĕrvz	_____
encephalitis (358)	ěn-sěf-ă-LĪ-tĭs	_____
encephalopathy (358)	ěn-sěf-ă-LŎP-ă-thē	_____
ependymal cell (355)	ěp-ĚN-dĭ-măl sěl	_____
epidural hematoma (358)	ěp-ě-DŪ-răl hē-mă-TŎ-mă	_____
ganglion (356)	GĂNG-lē-ŏn	_____
glial cell (356)	GLĚ-ăl sěl	_____
glioblastoma (358)	glē-ŏ-blă-STŎ-mă	_____
gyrus; gyri (356)	JĪ-rŭs; JĪ-rē	_____
hemiparesis (361)	hēm-ē-pă-RĚ-sĭs	_____
hemiplegia (361)	hēm-ē-PLĚ-jă	_____
hypalgesia (359)	hĭp-ăl-GĚ-zē-ă	_____
hyperesthesia (360)	hĭ-pěr-ēs-THĚ-zē-ă	_____
hyperkinesia (360)	hĭ-pěr-kĭ-NĚ-sĭs	_____
hypothalamus (356)	hĭ-pō-THĀL-ă-mŭs	_____
intrathecal injection (359)	ĭn-tră-THĚ-kăl ĭn-JĚK-shun	_____
leptomeningeal (358)	lěp-tō-měn-ĭn-JĚ-ăl	_____
medulla oblongata (356)	mě-DŪL-ă (<i>or</i> mě-DŮL-ă) ŏb-lŏn-GĂ-tă	_____

TERM	PRONUNCIATION	MEANING
meningeal (358)	mě-NĪN-jē-ăl <i>or</i> mě-nĭn-JĒ-ăl	_____
meninges (356)	mě-NĪN-jēz	_____
meningioma (358)	mě-nĭn-jē-Ō-mă	_____
microglial cell (356)	mī-krō-GLĒ-ăl sěl	_____
motor nerve (356)	MŌ-tēr nĕrv	_____
myelin sheath (356)	MĪ-ě-lĭn shēth	_____
myelomeningocele (358)	mī-ě-lō-mě-NĪN-gō-sěl	_____
myelopathy (359)	mī-ě-LŌP-ă-thē	_____
myoneural (359)	mī-ō-NŪR-ăl	_____
narcolepsy (360)	NĂR-kō-lĕp-sē	_____
nerve (356)	nĕrv	_____
neuralgia (360)	nūr-ĂL-jă	_____
neurasthenia (362)	nūr-ăs-THĒ-nē-ă	_____
neuroglial cells (349)	nūr-ō-GLĒ-ăl cells	_____
neuron (356)	NŪR-ŏn	_____
neuropathy (359)	nūr-ŌP-ă-thē	_____
neurotransmitter (356)	nūr-ō-trănz-MĪT-ēr	_____
oligodendroglial cell (356)	ŏl-ĭ-gō-dĕn-drō-GLĒ-ăl sěl	_____
paraplegia (361)	păr-ă-PLĒ-jă	_____
parasympathetic nerves (356)	păr-ă-sĭm-pă-THĚT-ĭk nĕrvz	_____
parenchyma (356)	păr-ĚN-kĭ-mă	_____
paresis (361)	pă-RĒ-sis	_____
paresthesia (360)	păr-ēs-THĒ-zē-ă	_____
peripheral nervous system (356)	pě-RĪF-ēr-ăl NĚR-vŭs SĪS-tĕm system	_____
pia mater (356)	PĒ-ă MĂ-tĕr	_____
plexus (356)	PLĚK-sŭs	_____
poliomyelitis (359)	pō-lē-ō-mī-ě-LĪ-tis	_____
polyneuritis (359)	pŏl-ē-nŭ-RĪ-tis	_____
pons (356)	pŏnz	_____
quadriplegia (361)	kwŏd-rĭ-PLĒ-jă	_____

TERM	PRONUNCIATION	MEANING
radiculitis (359)	ră-dīk-ū-LĪ-tīs	_____
radiculopathy (359)	ră-dīk-ū-LŎP-ă-thē	_____
receptor (357)	rē-SĚP-tŏr	_____
sciatic nerve (357)	sī-ĀT-īk nĕrv	_____
sciatica (357)	sī-ĀT-ī-kă	_____
sensory nerve (357)	SĚN-sō-rē nĕrv	_____
spinal nerves (357)	SPĪ-nāl nĕrvz	_____
stimulus (357)	STĪM-ū-lŭs	_____
stroma (357)	STRŌ-mă	_____
subdural hematoma (358)	sŭb-DŪ-rāl hē-mă-TŎ-mă	_____
sulcus; sulci (357)	SŬL-kŭs; SŬL-sī	_____
sympathetic nerves (357)	sīm-pă-THĚT-īk nĕrvz	_____
synapse (357)	SĪN-ăps	_____
syncopal (362)	SĪN-kō-pāl	_____
syncope (362)	SĪN-kō-pē	_____
thalamic (359)	THĀL-ă-mīk <i>or</i> thă-LĀM-īk	_____
thalamus (357)	THĀL-ă-mŭs	_____
trigeminal neuralgia (360)	trī-GĚM-īn-ăl nŭr-ĀL-jă	_____
vagal (359)	VĀ-găl	_____
vagus nerve (357)	VĀ-gŭs nĕrv	_____
ventricles of the brain (357)	VĚN-trī-klz of the brĀn	_____

Pathology, Laboratory Tests, and Clinical Procedures

TERM	PRONUNCIATION	MEANING
absence seizure (371)	ĀB-sĕns SĚ-zhŭr	_____
Alzheimer disease (364)	ĀLZ-hī-mĕr dī-ZĚZ	_____
amyotrophic lateral sclerosis (364)	ā-mī-ō-TRŌ-fīk LĀ-tĕr-ăl sklĕ-RŎ-sīs	_____
aneurysm (371)	ĀN-ŭr-ī-zīm	_____
astrocytoma (371)	ās-trō-sī-TŎ-mă	_____
aura (371)	āW-ră	_____

TERM	PRONUNCIATION	MEANING
Bell palsy (366)	bĕl PĀL-zē	
brain tumor (368)	BRĀN TŪ-mĕr	
cerebral angiography (371)	sĕ-RĒ-brāl ān-jē-ŌG-ră-fē	
cerebral concussion (369)	sĕ-RĒ-brāl kŏn-KŪS-shŭn	
cerebral contusion (369)	sĕ-RĒ-brāl kŏn-TOO-shŭn	
cerebral hemorrhage (370)	sĕ-RĒ-brāl HĒM-ŏr-ĭj	
cerebral palsy (366)	sĕ-RĒ-brāl (or SĒR-ĕ-brāl) PĀL-zē	
cerebrospinal fluid analysis (371)	sĕ-rē-brō-SPI-nāl FLOO-ĭd ă-NĀL-ĭ-sĭs	
cerebrovascular accident (369)	sĕ-rē-brō-VĀS-kŭ-lăr ĂK-sĭ-dĕnt	
computed tomography (372)	kŏm-PŪ-tĕd tŏ-MŌG-ră-fē	
dementia (371)	dĕ-MĒN-shĕ-ă	
demyelination (371)	dĕ-mĭ-ĕ-li-NĀ-shun	
dopamine (371)	DŌ-pă-mĕn	
Doppler ultrasound studies (372)	DŌP-lĕr ŪL-tră-sound STŪ-dĕz	
electroencephalography (373)	ĕ-lĕk-trŏ-ĕn-sĕf-ă-LŌG-ră-fē	
embolus (371)	ĒM-bŏ-lŭs	
epilepsy (365)	ĒP-ĭ-lĕp-sē	
gait (371)	GĀT	
glioblastoma (368)	glĕ-ŏ-blăs-TŌ-mă	
herpes zoster (368)	HĒR-pĕz ZŌS-tĕr	
HIV encephalopathy (368)	HIV ĕn-sĕf-ă-LŌP-ă-thē	
Huntington disease (365)	HŪN-ting-tŏn dĭ-ZĒZ	
hydrocephalus (362)	hĭ-drŏ-SĒF-ă-lŭs	
ictal event (371)	ĪK-tăl ĕ-VĒNT	
lumbar puncture (373)	LŪM-băr PŪNK-shŭr	
magnetic resonance imaging (372)	măg-NĒT-ĭk RĒ-zŏ-nănce ĪM-ă-jĭng	
meningitis (368)	mĕn-ĭn-JĪ-tĭs	
meningocele (363)	mĕ-NĪN-gŏ-sĕl	

TERM	PRONUNCIATION	MEANING
migraine (370)	MĪ-grān	_____
multiple sclerosis (365)	MŮL-tĭ-pl sklĕ-RŌ-sĭs	_____
myasthenia gravis (366)	mī-ās-THĒ-nē-ă GRĂ-vĭs	_____
occlusion (371)	ō-KLŪ-zhŭn	_____
palliative (371)	PĂ-lĕ-ă-tĭv	_____
palsy (366)	PAWL-zĕ	_____
Parkinson disease (367)	PĂR-kĭn-sŭn dĭ-ZĒZ	_____
positron emission tomography (372)	PÖS-ĭ-trŏn ĕ-Mĭ-shŭn tō-MÖG-ră-fĕ	_____
shingles (368)	SHĬNG-ŭlz	_____
spina bifida (363)	SPĪ-nă BĬF-ĭ-dă	_____
stereotactic radiosurgery (373)	stĕ-rĕ-ŏ-TĂK-tĭk ră-dĕ-ŏ-SŬR-gĕr-ĕ	_____
thrombus (369)	THRŎM-bŭs	_____
tic (371)	TĬK	_____
tonic-clonic seizure (371)	TÖN-ĭk-KLŎ-nĭk SĒ-zhŭr	_____
Tourette syndrome (367)	tŭ-RĚT SĬN-drŏm	_____
transient ischemic attack (369)	TRĂN-zĕ-ĕnt ĭs-KĒ-mĭk ă-TĂK	_____



REVIEW SHEET

Write the meanings of the word parts in the spaces provided. Check your answers with the information in the chapter or in the Glossary (Medical Word Parts—English) at the end of the book.

Combining Forms

COMBINING FORM	MEANING	COMBINING FORM	MEANING
algēs/o	_____	lex/o	_____
angi/o	_____	mening/o, meningi/o	_____
caus/o	_____	my/o	_____
cephal/o	_____	myel/o	_____
cerebell/o	_____	narc/o	_____
cerebr/o	_____	neur/o	_____
comat/o	_____	olig/o	_____
crani/o	_____	pont/o	_____
cry/o	_____	radicul/o	_____
dur/o	_____	spin/o	_____
encephal/o	_____	syncop/o	_____
esthesi/o	_____	tax/o	_____
gli/o	_____	thalam/o	_____
hydr/o	_____	thec/o	_____
kines/o, kinesi/o	_____	troph/o	_____
lept/o	_____	vag/o	_____

Prefixes

PREFIX	MEANING	PREFIX	MEANING
a-, an-	_____	micro-	_____
dys-	_____	para-	_____
epi-	_____	polio-	_____
hemi-	_____	poly-	_____
hyper-	_____	quadri-	_____
hypo-	_____	sub-	_____
intra-	_____		

Suffixes

SUFFIX	MEANING	SUFFIX	MEANING
-algesia	_____	-ose	_____
-algia	_____	-paresis	_____
-blast	_____	-pathy	_____
-cele	_____	-phagia	_____
-esthesia	_____	-phasia	_____
-gram	_____	-plegia	_____
-graphy	_____	-praxia	_____
-ine	_____	-ptosis	_____
-itis	_____	-sclerosis	_____
-kinesia, -kinesis	_____	-sthenia	_____
-kinetic	_____	-tomy	_____
-lepsy	_____	-trophy	_____
-oma	_____		

Match the neurologic pathology in Column I with associated terms and descriptions in Column II.

COLUMN I	COLUMN II
1. Alzheimer's _____	A. destruction of myelin sheath on neurons in CNS
2. ALS _____	B. stroke; disruption in normal blood supply to the brain
3. epilepsy _____	C. shingles; viral infection affecting peripheral nerves
4. MS _____	D. progressive dementia; memory failure; senile plaques and neurofibrillary tangles
5. Parkinson's _____	E. brain tumor; malignant astrocytoma
6. herpes zoster _____	F. degeneration of neurons in basal ganglia; tremors, bradykinesia, and shuffling gait
7. glioblastoma multiforme _____	G. recurrent seizure disorder; tonic-clonic and absence types
8. CVA _____	H. degeneration of motor neurons in spinal cord and brain stem; weakness and muscle atrophy

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CHAPTER I I

Cardiovascular System

This chapter is divided into the following sections:

Introduction, 398

Blood Vessels and the Circulation of Blood, 398

Anatomy of the Heart, 402

Physiology of the Heart, 405

Blood Pressure, 406

Vocabulary, 408

Terminology, 409

Pathology: The Heart and Blood Vessels, 412

Laboratory Tests and Clinical Procedures, 425

Abbreviations, 432

Practical Applications, 434

In Person: Bypass Surgery, 436

Exercises, 437

Answers to Exercises, 446

Pronunciation of Terms, 449

Review Sheet, 455

CHAPTER GOALS

- Name the parts of the heart and associated blood vessels and their functions in the circulation of blood.
- Trace the pathway of blood through the heart.
- Identify and describe major pathologic conditions affecting the heart and blood vessels.
- Define combining forms that relate to the cardiovascular system.
- Describe important laboratory tests and clinical procedures pertaining to the cardiovascular system, and recognize relevant abbreviations.
- Apply your new knowledge to understand medical terms in their proper context, such as in medical reports and records.

INTRODUCTION

Body cells are dependent on a constant supply of nutrients and oxygen. When the supplies are delivered and then chemically combined, they release the energy necessary to do the work of each cell. How does the body ensure that oxygen and food will be delivered to all of its cells? The cardiovascular system, consisting of the heart (a powerful muscular pump) and blood vessels (fuel line and transportation network), performs this important work. This chapter explores terminology related to the heart and blood vessels.

BLOOD VESSELS AND THE CIRCULATION OF BLOOD

BLOOD VESSELS

There are three types of blood vessels in the body: **arteries**, **veins**, and **capillaries**.

Arteries are large blood vessels that carry blood away from the heart. Their walls are lined with connective tissue, muscle tissue, and elastic fibers, with an innermost layer of epithelial cells called **endothelium**. Endothelial cells, found in all blood vessels, secrete factors that affect the size of blood vessels, reduce blood clotting, and promote the growth of blood vessels. Because arteries carry blood away from the heart, they must be strong enough to withstand the high pressure of the pumping action of the heart. Their elastic walls allow them to expand as the heartbeat forces blood into the arterial system throughout the body.

Smaller branches of arteries are **arterioles**. Arterioles are thinner than arteries and carry the blood to the tiniest of blood vessels, the capillaries.

Capillaries have walls that are only one endothelial cell in thickness. These delicate, microscopic vessels carry nutrient-rich, oxygenated blood from the arteries and arterioles to the body cells. Their thin walls allow passage of oxygen and nutrients out of the bloodstream and into cells. There, the nutrients are burned in the presence of oxygen (catabolism) to release energy. At the same time, waste products such as carbon dioxide and water pass out of cells and into the thin-walled capillaries. Waste-filled blood then flows back to the heart in small **venules**, which combine to form larger vessels called veins.

Veins have thinner walls compared with arteries. They conduct blood (that has given up most of its oxygen) toward the heart from the tissues. Veins have little elastic tissue and less connective tissue than that typical of arteries, and blood pressure in veins is extremely low compared with pressure in arteries. In order to keep blood moving back toward the heart, veins have **valves** that prevent the backflow of blood and keep the blood moving in one direction. Muscular action also helps the movement of blood in veins. Figure 11-1 illustrates the differences in blood vessels. Figure 11-2 reviews their characteristics and relationship to one another.



Blood Vessels and Blood

What color is blood? Blood is bright red in arteries (contains oxygen) and dark red (maroon) in veins (contains carbon dioxide). From the outside of the body, blood in veins **appears** blue because the color reflects off the skin.

How much blood is in the body? The average adult has about 5 quarts (4.7 liters) of blood in his or her body.

What is the length of all the blood vessels? The total length of all the blood vessels in the body is 60,000 miles!

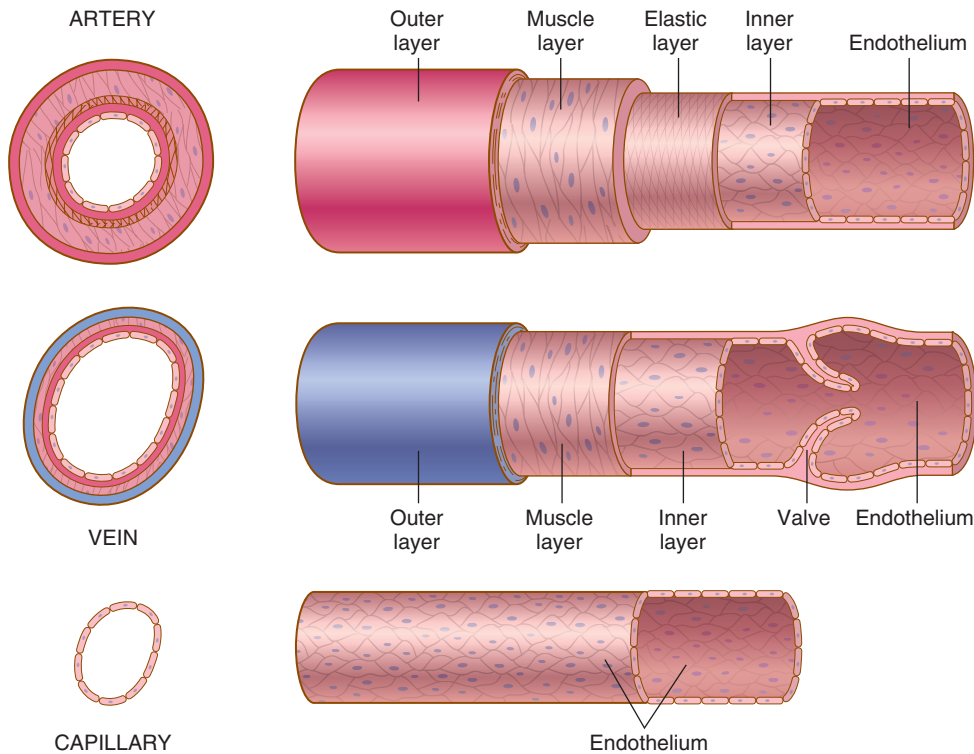


FIGURE 11-1 Blood vessels. Observe the differences in thickness of walls among an artery, a vein, and a capillary. All three vessels are lined with endothelium. Endothelial cells actively secrete substances that prevent clotting and regulate the tone of blood vessels. Examples of endothelial secretions are endothelium-derived relaxing factor (EDRF) and endothelin (a vasoconstrictor).

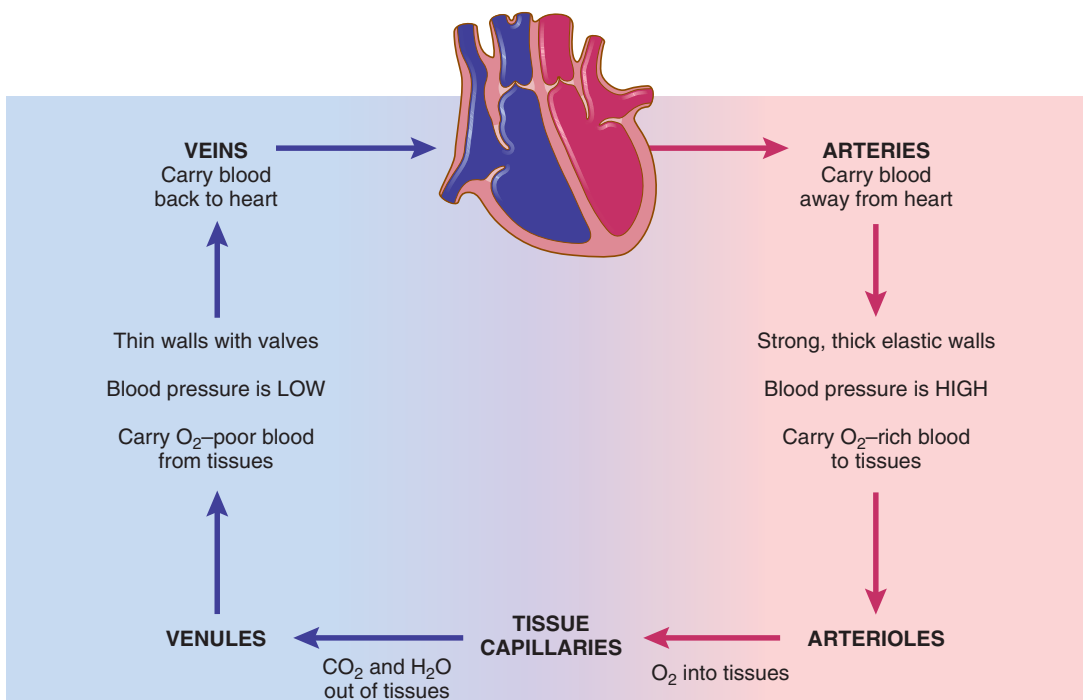


FIGURE 11-2 Relationship and characteristics of blood vessels.

CIRCULATION OF BLOOD

Arteries, arterioles, veins, venules, and capillaries, together with the heart, form a circulatory system for the flow of blood. Figure 11-3 is a more detailed representation of the entire circulatory system. Refer to it as you read the following paragraphs. (Note that the numbers in the following paragraphs correspond with those in Figure 11-3.)

Blood that is deficient in oxygen flows through two large veins, the **venae cavae** [1], on its way from the tissue capillaries to the heart. The blood became oxygen-poor at the tissue capillaries when oxygen left the blood and entered the body cells.

Oxygen-poor blood enters the **right side of the heart** [2] and travels through that side and into the **pulmonary artery** [3], a vessel that divides in two: one branch leading to the left lung, the other to the right lung. The arteries continue dividing and subdividing within the lungs, forming smaller and smaller vessels (arterioles) and finally reaching the **lung capillaries** [4]. The pulmonary artery is unusual in that it is the only artery in the body that carries blood deficient in oxygen.

While passing through the lung (pulmonary) capillaries, blood absorbs the oxygen that entered the body during inhalation. The newly oxygenated blood next returns immediately to the heart through **pulmonary veins** [5]. The pulmonary veins are unusual in that they are the only veins in the body that carry oxygen-rich (**oxygenated**) blood. The circulation of blood through the vessels from the heart to the lungs and then back to the heart again is the **pulmonary circulation**.

Oxygen-rich blood enters the **left side of the heart** [6] from the pulmonary veins. The muscles in the left side of the heart pump the blood out of the heart through the largest

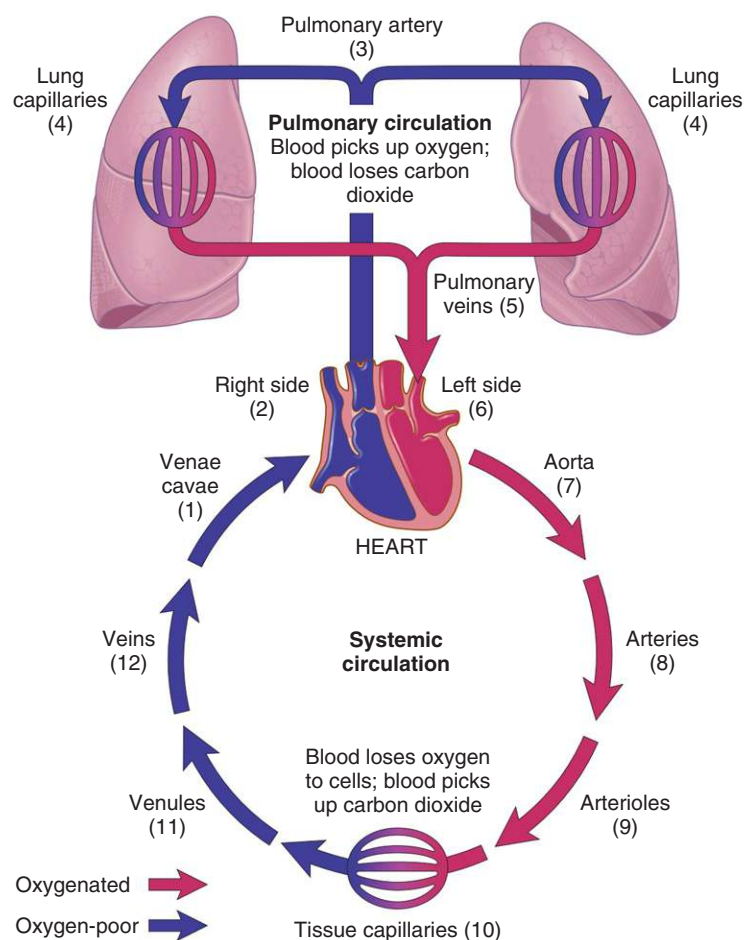


FIGURE 11-3 Schematic diagram of the **pulmonary circulation** (blood flow from the heart to lung capillaries and back to the heart) and **systemic circulation** (blood flow from the heart to tissue capillaries and back to the heart).

single artery in the body, the **aorta** [7]. The aorta moves up at first (ascending aorta) but then arches over dorsally and runs downward (descending aorta) just in front of the vertebral column. The aorta divides into numerous branches called **arteries** [8] that carry the oxygenated blood to all parts of the body. The names of some of these arterial branches will be familiar to you: brachial (brachi/o means arm), axillary, splenic, gastric, and renal arteries. The **carotid** arteries supply blood to the head and neck.

The relatively large arterial vessels branch further to form smaller **arterioles** [9]. The arterioles, still containing oxygenated blood, branch into smaller **tissue capillaries** [10], which are near the body cells. Oxygen leaves the blood and passes through the thin capillary walls to enter the body cells. There, food is broken down, in the presence of oxygen, and energy is released.

This chemical process also releases **carbon dioxide (CO₂)** as a waste product. Carbon dioxide passes out from the cell into the tissue capillaries at the same time that oxygen enters. Thus the blood returning to the heart from tissue capillaries through **venules** [11] and **veins** [12] is filled with carbon dioxide but is depleted of oxygen.

As this oxygen-poor blood enters the heart from the venae cavae, the circuit is complete. The pathway of blood from the heart to the tissue capillaries and back to the heart is the **systemic circulation**.

Figure 11-4 shows the aorta, selected arteries, and pulse points. The **pulse** is the beat of the heart as felt through the walls of arteries.

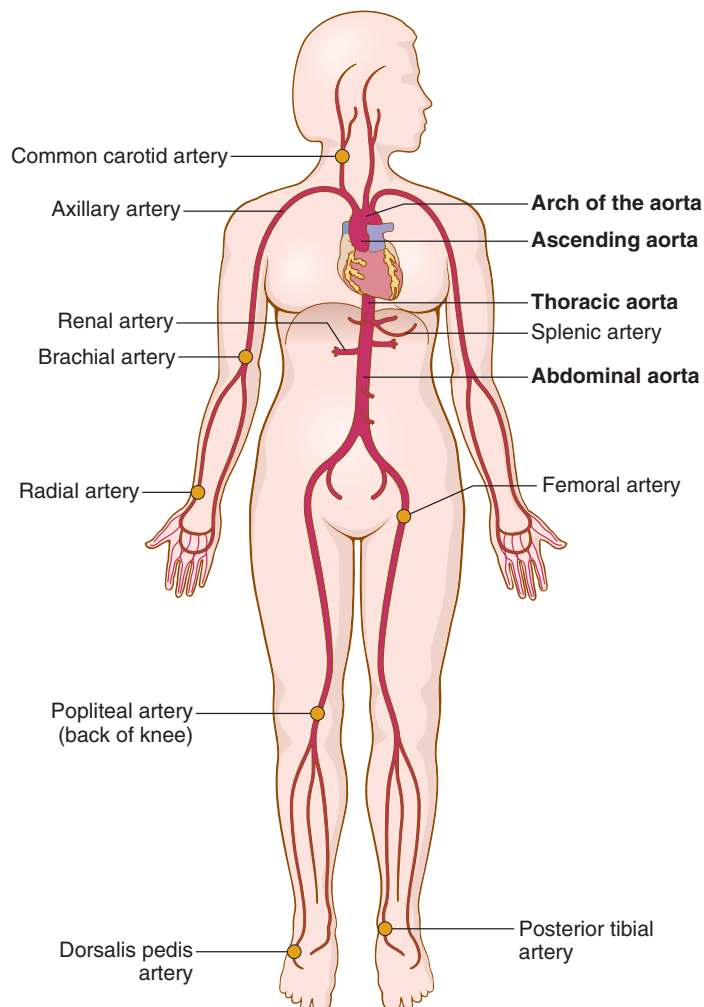


FIGURE 11-4 The aorta and arteries. Solid gold dots indicate pulse points in arteries. These are areas in which the **pulse** expansion and contraction of a superficial artery can be felt.

ANATOMY OF THE HEART

The human heart weighs less than a pound, is roughly the size of an adult fist, and lies in the thoracic cavity, just behind the breastbone in the mediastinum (between the lungs).

The heart is a pump consisting of four chambers: two upper chambers called **atria** (*singular: atrium*) and two lower chambers called **ventricles**. It is actually a double pump, bound into one organ and synchronized very carefully. Blood passes through each pump in a definite pattern. Pump station number one, on the right side of the heart, sends oxygen-deficient blood to the lungs, where the blood picks up oxygen and releases its carbon dioxide. The newly oxygenated blood returns to the left side of the heart to pump station number two and does not mix with the oxygen-poor blood in pump station number one. Pump station number two then forces the oxygenated blood out to all parts of the body. At the body tissues, the blood loses its oxygen, and on returning to the heart, to pump station number one, blood poor in oxygen (rich in carbon dioxide) is sent out to the lungs to begin the cycle anew.

Label Figure 11-5 as you learn the names of the parts of the heart and the vessels that carry blood to and from it.

Oxygen-poor blood enters the heart through the two largest veins in the body, the **venae cavae**. The **superior vena cava** [1] drains blood from the upper portion of the body, and the **inferior vena cava** [2] carries blood from the lower part of the body.

The venae cavae bring oxygen-poor blood that has passed through all of the body to the **right atrium** [3], the thin-walled upper right chamber of the heart. The right atrium contracts to force blood through the **tricuspid valve** [4] (cusps are the flaps of the valves) into the **right ventricle** [5], the lower right chamber of the heart. The cusps of the tricuspid valve form a one-way passage designed to keep the blood flowing in only one direction. As the right ventricle contracts to pump oxygen-poor blood through the **pulmonary valve** [6] into the **pulmonary artery** [7], the tricuspid valve stays shut, thus preventing blood from pushing back into the right atrium. The pulmonary artery then branches to carry oxygen-deficient blood to each lung.

The blood that enters the lung capillaries from the pulmonary artery soon loses its large quantity of carbon dioxide into the lung tissue, and the carbon dioxide is expelled. At the same time, oxygen enters the capillaries of the lungs and is brought back to the heart via the **pulmonary veins** [8]. The newly oxygenated blood enters the **left atrium** [9] of the heart from the pulmonary veins. The walls of the left atrium contract to force blood through the **mitral valve** [10] into the **left ventricle** [11].

The left ventricle has the thickest walls of all four heart chambers (three times the thickness of the right ventricular wall). It must pump blood with great force so that the blood travels through arteries to all parts of the body. The left ventricle propels the blood through the **aortic valve** [12] into the **aorta** [13], which branches to carry blood all over the body. The aortic valve closes to prevent return of aortic blood to the left ventricle.

In Figure 11-6, notice that the four chambers of the heart are separated by partitions called **septa** (*singular: septum*). (Label Figure 11-6 as you read these paragraphs.) The **interatrial septum** [1] separates the two upper chambers (atria), and the **interventricular septum** [2], a muscular wall, lies between the two lower chambers (ventricles).

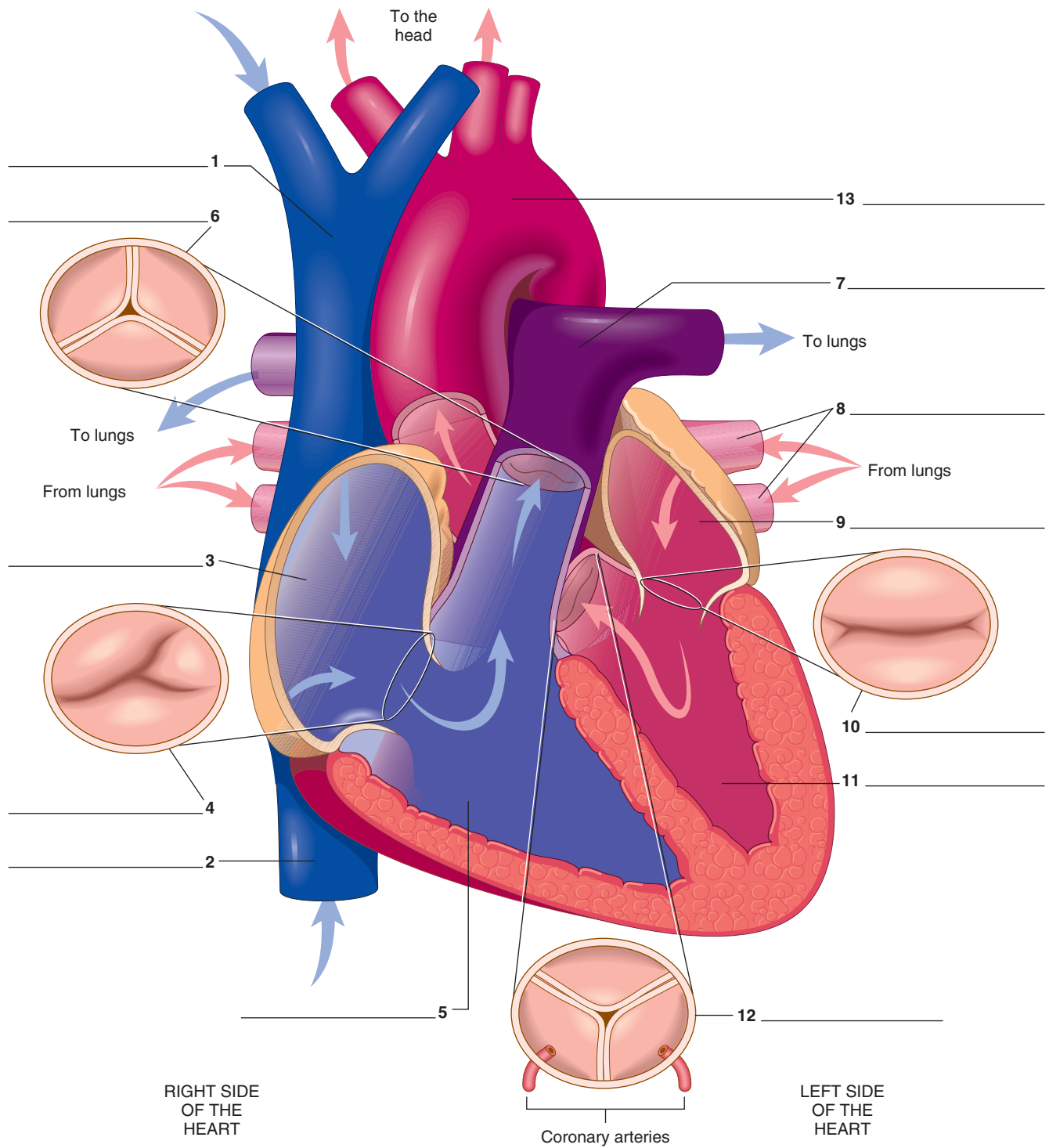


FIGURE 11-5 Structure of the heart. Blue arrows indicate oxygen-poor blood flow. Red arrows show oxygenated blood flow.

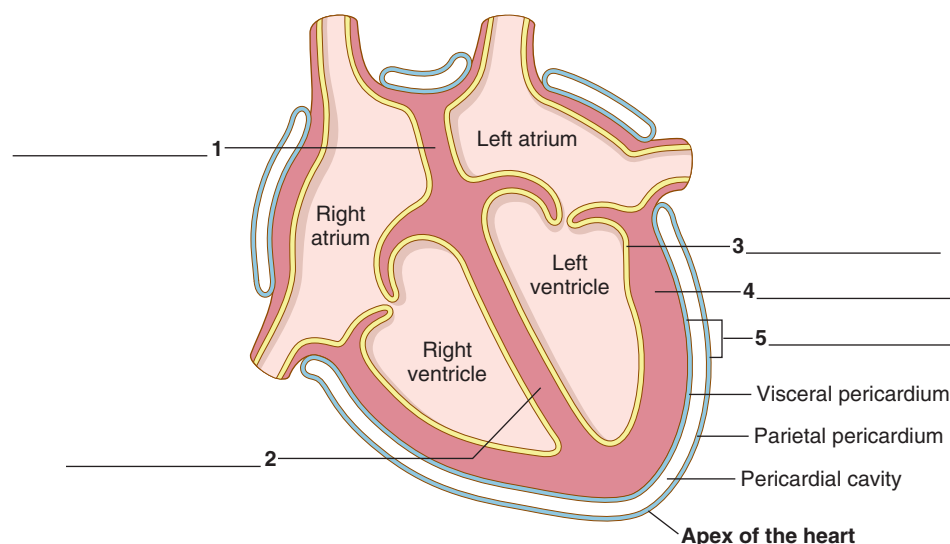


FIGURE 11-6 The walls of the heart and pericardium. Note that the **apex of the heart** is the conical (shaped like a cone) lower tip of the heart.

Figure 11-6 shows the three layers of the heart. The **endocardium** [3], a smooth layer of endothelial cells, lines the interior of the heart and heart valves. The **myocardium** [4], the middle, muscular layer of the heart wall, is its thickest layer. The **pericardium** [5], a fibrous and membranous sac, surrounds the heart. It is composed of two layers, the **visceral pericardium**, adhering to the heart, and the **parietal pericardium**, lining the outer fibrous coat. The **pericardial cavity** (between the visceral and the parietal pericardial layers) normally contains 10 to 15 mL of pericardial fluid, which lubricates the membranes as the heart beats.

Figure 11-7 reviews the pathway of blood through the heart.

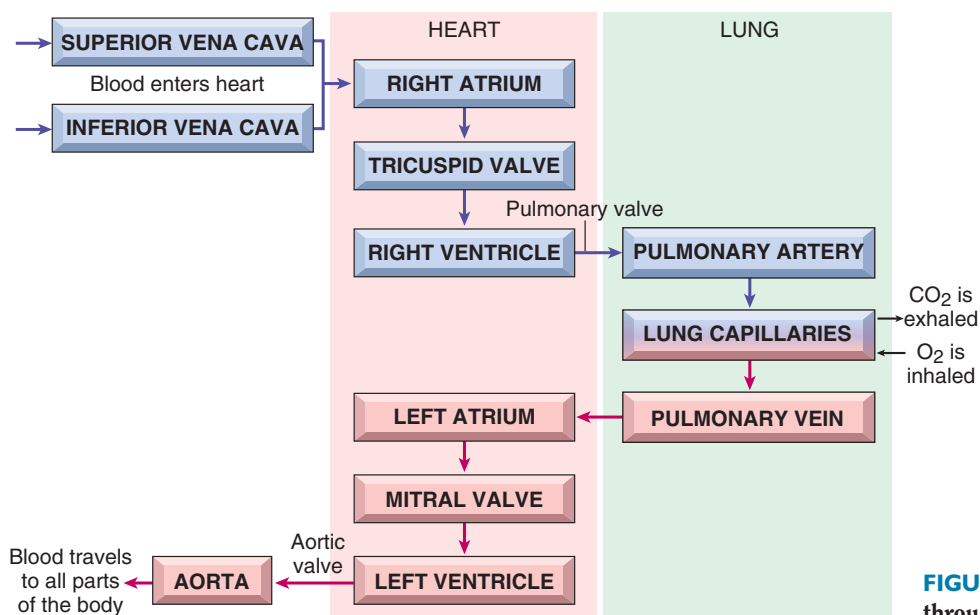


FIGURE 11-7 Pathway of blood through the heart.

PHYSIOLOGY OF THE HEART

HEARTBEAT AND HEART SOUNDS

There are two phases of the heartbeat: **diastole** (relaxation) and **systole** (contraction). Diastole occurs when the ventricle walls relax and blood flows into the heart from the venae cavae and the pulmonary veins. The tricuspid and mitral valves open in diastole, as blood passes from the right and left atria into the ventricles. The pulmonary and aortic valves close during diastole (Figure 11-8).

Systole occurs next, as the walls of the right and left ventricles contract to pump blood into the pulmonary artery and the aorta. Both the tricuspid and the mitral valves are closed during systole, thus preventing the flow of blood back into the atria (see Figure 11-8).

This diastole-systole cardiac cycle occurs between 70 and 80 times per minute (100,000 times a day). The heart pumps about 3 ounces of blood with each contraction. This means that about 5 quarts of blood are pumped by the heart in 1 minute (75 gallons an hour and about 2000 gallons a day).

Closure of the heart valves is associated with audible sounds, such as “lubb-dubb,” which can be heard on listening to a normal heart with a stethoscope. The “lubb” is associated with closure of the tricuspid and mitral valves at the beginning of systole, and the “dubb” with the closure of the aortic and pulmonary valves at the end of systole. The “lubb” sound is called the first heart sound (S1) and the “dubb” is the second heart sound (S2) because the normal cycle of the heartbeat starts with the beginning of systole. Sometimes the flow of blood through the valves can produce an abnormal swishing sound known as a **murmur**.

CONDUCTION SYSTEM OF THE HEART

What keeps the heart at its perfect rhythm? Although the heart has nerves that affect its rate, they are not primarily responsible for its beat. The heart starts beating in the embryo before it is supplied with nerves, and continues to beat in experimental animals even when the nerve supply is cut.

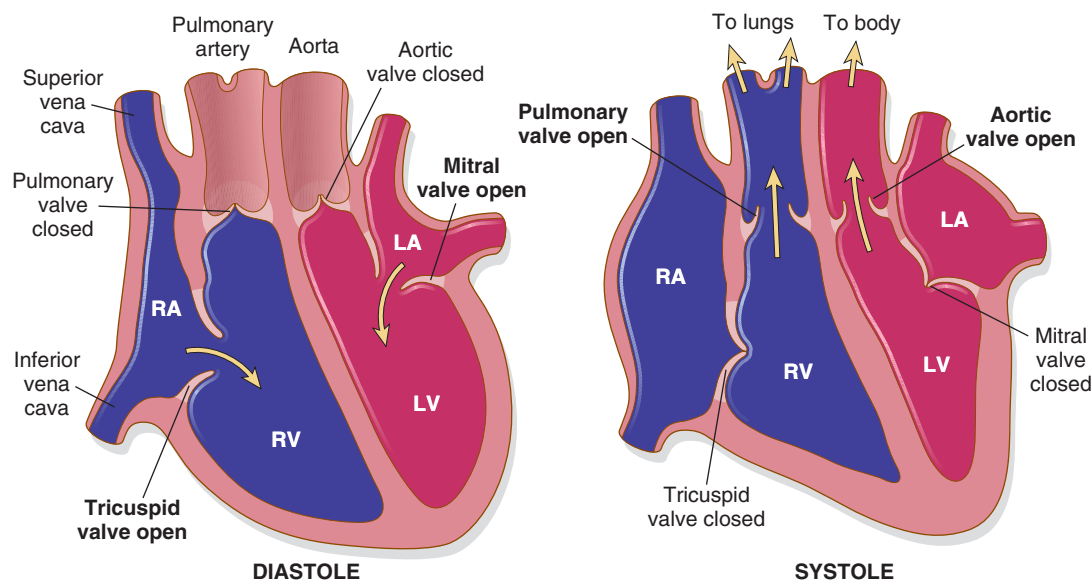


FIGURE 11-8 Phases of the heartbeat: diastole and systole. During diastole, the tricuspid and mitral valves are open as blood enters the ventricles. During systole, the pulmonary and aortic valves are open as blood is pumped to the pulmonary artery and aorta. LA, left atrium; LV, left ventricle; RA, right atrium; RV, right ventricle.

Label Figure 11-9 as you read the following. Primary responsibility for initiating the heartbeat rests with a small region of specialized muscle tissue in the posterior portion of the right atrium, where an electrical impulse originates. This is the **sinoatrial node (SA node)** or **pacemaker** [1] of the heart. The current of electricity generated by the pacemaker causes the walls of the atria to contract and force blood into the ventricles.

Almost like ripples in a pond of water when a stone is thrown, the wave of electricity passes from the pacemaker to another region of the myocardium. This region is within the interatrial septum and is the **atrioventricular node (AV node)** [2]. The AV node immediately sends the excitation wave to a bundle of specialized muscle fibers called the **atrioventricular bundle**, or **bundle of His** [3]. Within the interventricular septum, the bundle of His divides into the **left bundle branch** [4] and the **right bundle branch** [5], which form the conduction myofibers that extend through the ventricle walls and contract on stimulation. Thus systole occurs and blood is pumped away from the heart. A short rest period follows, and then the pacemaker begins the wave of excitation across the heart again.

The record used to detect these electrical changes in heart muscle as the heart beats is an **electrocardiogram (ECG or EKG)**. The normal ECG tracing shows five waves, or **deflections**, that represent the electrical changes as a wave of excitation spreads through the heart. The deflections are called **P**, **QRS**, and **T** waves. Figure 11-10 illustrates P, QRS, and T waves on a normal ECG tracing.

Heart rhythm (originating in the SA node and traveling through the heart) is called **normal sinus rhythm (NSR)**. Sympathetic nerves speed up the heart rate during conditions of emotional stress or vigorous exercise. Parasympathetic nerves slow the heart rate when there is no need for extra pumping.

BLOOD PRESSURE

Blood pressure is the force that the blood exerts on the arterial walls. This pressure is measured with a **sphygmomanometer** (Figure 11-11).

The sphygmomanometer consists of a rubber bag inside a cloth cuff that is wrapped around the upper arm, just above the elbow. The rubber bag is inflated with air using a hand

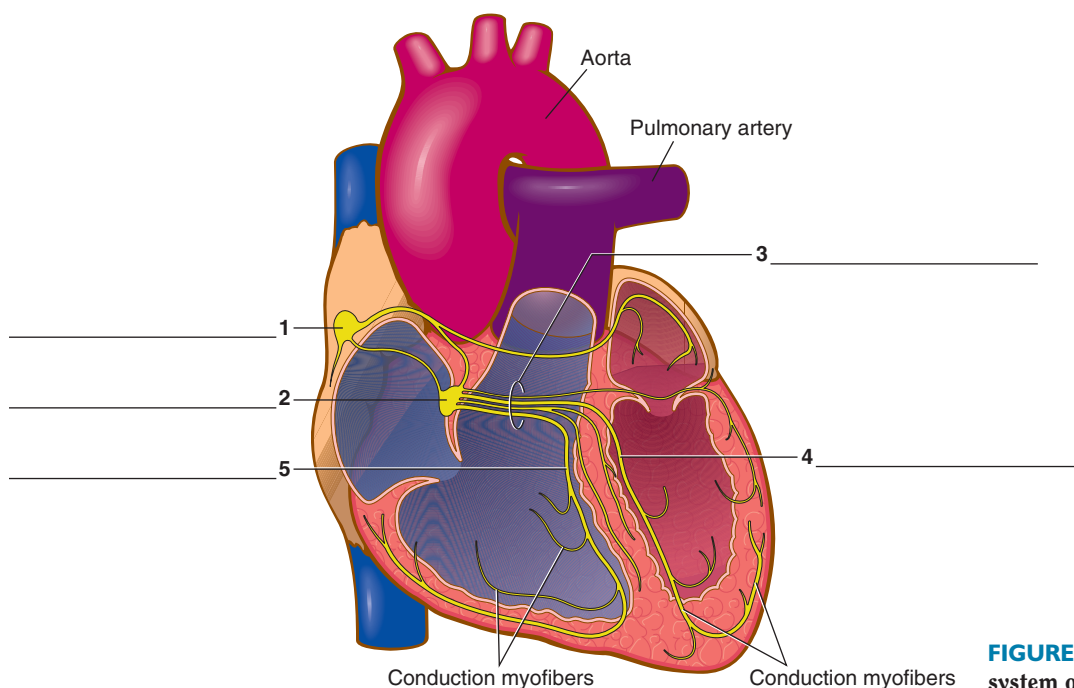
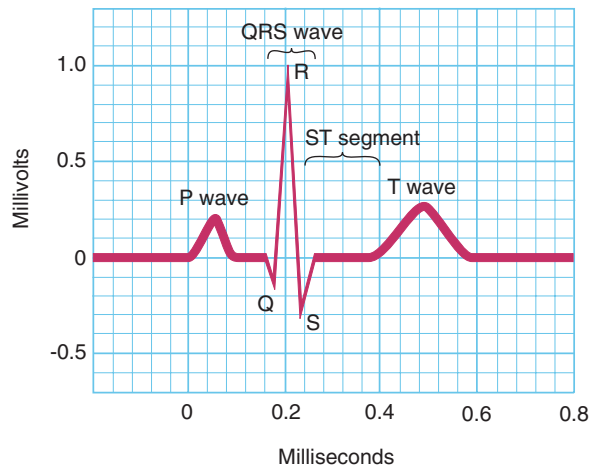


FIGURE 11-9 Conduction system of the heart.

FIGURE 11-10 Electrocardiogram. **P wave** = spread of excitation wave over the atria just before contraction; **QRS wave** = spread of excitation wave over the ventricles as the ventricles contract; **T wave** = electrical recovery and relaxation of ventricles. A heart attack or myocardial infarction (MI) can be recognized by an elevation in the **ST segment** of the electrocardiographic tracing. Thus, one type of MI is an ST elevation MI (**STEMI**).



bulb pump. As the bag is pumped up, the pressure within it increases and is measured on a recording device attached to the cuff.

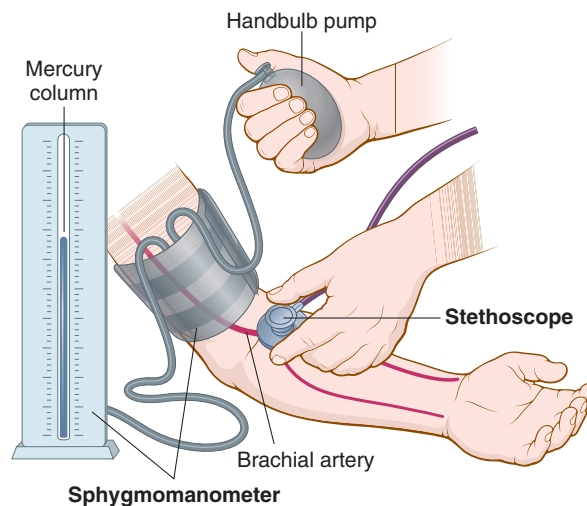
The brachial artery in the upper arm is compressed by the air pressure in the bag. When there is sufficient air pressure in the bag to stop the flow of blood, the pulse in the lower arm (where the observer is listening with a stethoscope) drops.

Air is then allowed to escape from the bag and the pressure is lowered slowly, allowing the blood to begin to make its way through the gradually opening artery. At the point when the person listening with the stethoscope first hears the sounds of the pulse beats, the reading on the device attached to the cuff shows the higher, systolic blood pressure (pressure in the artery when the left ventricle is contracting to force the blood into the aorta and other arteries).

As air continues to escape, the sounds become progressively louder. Finally, when a change in sound from loud to soft occurs, the observer makes note of the pressure on the recording device. This is the diastolic blood pressure (pressure in the artery when the ventricles relax and the heart fills, receiving blood from the venae cavae and pulmonary veins).

Blood pressure is expressed as a fraction—for example, 120/80 mm Hg, in which the upper number (120) is the systolic pressure and the lower number (80) is the diastolic pressure. Hypertension, or high blood pressure, is defined as blood pressure greater than 140/90 mmHg. Both systolic and diastolic hypertension are associated with increased risk of heart attack and stroke.

FIGURE 11-11 Measurement of blood pressure with a sphygmomanometer and stethoscope.





VOCABULARY

This list reviews new terms introduced in the text. Short definitions reinforce your understanding of the terms. See page 449 of this chapter for pronunciation of terms.

aorta	Largest artery in the body.
apex of the heart	Lower tip of the heart.
arteriole	Small artery.
artery	Largest type of blood vessel; carries blood away from the heart to all parts of the body. Notice that artery and away begin with an “a.”
atrioventricular bundle (bundle of His)	Specialized muscle fibers connecting the atria with the ventricles and transmitting electrical impulses between them. His is pronounced “hiss.”
atrioventricular node (AV node)	Specialized tissue in the wall between the atria. Electrical impulses pass from the pacemaker (SA node) through the AV node and the atrioventricular bundle or bundle of His toward the ventricles.
atrium (plural: atria)	One of two upper chambers of the heart.
capillary	Smallest blood vessel. Materials pass to and from the bloodstream through the thin capillary walls.
carbon dioxide (CO₂)	Gas (waste) released by body cells, transported via veins to the heart, and then to the lungs for exhalation.
coronary arteries	Blood vessels that branch from the aorta and carry oxygen-rich blood to the heart muscle.
deoxygenated blood	Blood that is oxygen-poor.
diastole	Relaxation phase of the heartbeat. (From Greek <i>diastole</i> , dilation.)
electrocardiogram	Record of the electricity flowing through the heart. The electricity is represented by waves or deflections called P, QRS, or T.
endocardium	Inner lining of the heart.
endothelium	Innermost lining of blood vessels.
mitral valve	Valve between the left atrium and the left ventricle; bicuspid valve.
murmur	Abnormal swishing sound caused by improper closure of the heart valves.
myocardium	Muscular, middle layer of the heart.
normal sinus rhythm	Heart rhythm originating in the sinoatrial node with a rate in patients at rest of 60 to 100 beats per minute.
oxygen	Gas that enters the blood through the lungs and travels to the heart to be pumped via arteries to all body cells.
pacemaker (sinoatrial node)	Specialized nervous tissue in the right atrium that begins the heartbeat. An artificial cardiac pacemaker is an electronic apparatus implanted in the chest to stimulate heart muscle that is weak and not functioning.
pericardium	Double-layered membrane surrounding the heart.


pulmonary artery	Artery carrying oxygen-poor blood from the heart to the lungs.
pulmonary circulation	Flow of blood from the heart to the lungs and back to the heart.
pulmonary valve	Valve positioned between the right ventricle and the pulmonary artery.
pulmonary vein	One of two pairs of vessels carrying oxygenated blood from the lungs to the left atrium of the heart.
pulse	Beat of the heart as felt through the walls of the arteries.
septum (<i>plural: septa</i>)	Partition or wall dividing a cavity; such as between the right and left atria (interatrial septum) and right and left ventricles (interventricular septum).
sinoatrial node (SA node)	Pacemaker of the heart.
sphygmomanometer	Instrument to measure blood pressure.
systemic circulation	Flow of blood from body tissue to the heart and then from the heart back to body tissues.
systole	Contraction phase of the heartbeat. (From Greek <i>systole</i> , contraction.)
tricuspid valve	Located between the right atrium and the right ventricle; it has three (tri-) leaflets, or cusps.
valve	Structure in veins or in the heart that temporarily closes an opening so that blood flows in only one direction.
vein	Thin-walled vessel that carries blood from body tissues and lungs back to the heart. Veins contain valves to prevent backflow of blood.
vena cava (<i>plural: venae cavae</i>)	Largest vein in the body. The superior and inferior venae cavae return blood to the right atrium of the heart.
ventricle	One of two lower chambers of the heart.
venule	Small vein.



TERMINOLOGY

Write the meaning of the medical term in the space provided.

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
angi/o	vessel	<u>angiogram</u> _____ <u>angioplasty</u> _____	
aort/o	aorta	<u>aortic stenosis</u> _____	
arter/o, arteri/o	artery	<u>arteriosclerosis</u> _____ <u>arterial anastomosis</u> _____ <i>From the Greek anastomoiēn, providing a mouth.</i> <u>arteriography</u> _____ <u>endarterectomy</u> _____ <i>See page 431.</i>	

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
ather/o 	yellowish plaque, fatty substance (Greek <i>athere</i> means porridge)	atheroma _____ <i>The suffix -oma means mass or collection. Atheromas are collections of plaque that protrude into the lumen (opening) of an artery, weakening the muscle lining.</i>	
		atherosclerosis _____ <i>The major form of arteriosclerosis in which deposits of yellow plaque (atheromas) containing cholesterol and lipids are found within the lining of the artery (Figure 11-12).</i>	
		atherectomy _____	
atri/o	atrium, upper heart chamber	atrial _____	
		atrioventricular _____	
brachi/o	arm	brachial artery _____	
cardi/o	heart	cardiomegaly _____	
		cardiomyopathy _____ <i>One type of cardiomyopathy is hypertrophic cardiomyopathy—abnormal thickening of heart muscle, usually in the left ventricle. The ventricle has to work harder to pump blood. The condition may be inherited or develop over time because of high blood pressure or aging. Often the cause is unknown (idiopathic).</i>	
		bradycardia _____ <i>Slower than 60 beats per minute. Normal pulse is about 60 to 80 beats per minute. Brady- means slow.</i>	
		tachycardia _____ <i>Faster than 100 beats per minute. Supraventricular tachycardia (SVT) involves rapid beats coming from the atria (above the ventricles) and causing palpitation (abnormal sensations in the chest). Tachy- means fast.</i>	
		cardiogenic shock _____ <i>Results from failure of the heart in its pumping action. Shock is circulatory failure associated with inadequate delivery of oxygen and nutrients to body tissues.</i>	
cholesterol/o	cholesterol (a lipid substance)	hypercholesterolemia _____ <i>Statins are drugs that work by blocking a key enzyme in the production of cholesterol by the liver.</i>	
coron/o	heart	coronary arteries _____ <i>These arteries come down over the top of the heart like a crown (corona); see Figure 11-22A, page 426.</i>	

**ather/o, arteri/o, arthr/o**

These three combining forms are easily confused.

ather/o = yellowish plaque

arteri/o = artery

arthr/o = joint

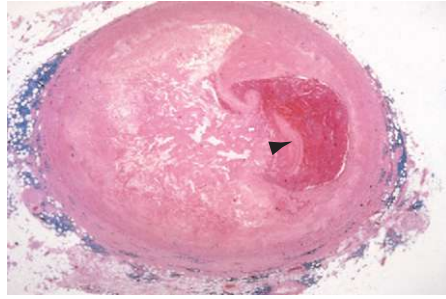


FIGURE 11-12 Atherosclerosis. Arrow points to accumulated plaque in lumen of an artery. (Courtesy Sid Murphree, MD, Department of Pathology, University of Texas Southwestern Medical School, Dallas, Texas.)

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
cyan/o	blue	<u>cyanosis</u> _____ <i>This bluish discoloration of the skin indicates diminished oxygen content of the blood.</i>	
myx/o	mucus	<u>myxoma</u> _____ <i>A benign tumor derived from connective tissue, with cells embedded in soft mucoïd stromal tissue. These rare tumors occur most frequently in the left atrium.</i>	
ox/o	oxygen	<u>hypoxia</u> _____ <i>Inadequate oxygen in tissues. Anoxia is an extreme form of hypoxia.</i>	
pericardi/o	pericardium	<u>pericardiocentesis</u> _____	
phleb/o	vein	<u>phlebotomy</u> _____ <i>A phlebotomist is trained in opening veins for phlebotomy.</i>	
		<u>thrombophlebitis</u> _____ <i>Often shortened to phlebitis. If the affected vein is deep within a muscle, the condition is deep vein thrombosis (DVT).</i>	
rrhythm/o	rhythm	<u>arrhythmia</u> _____ <i>Dysrhythmia is also used to describe an abnormal heart rhythm. Notice that one “r” is dropped.</i>	
sphygm/o	pulse	<u>sphygmomanometer</u> _____ <i>A sphygmomanometer measures pressure.</i>	
steth/o	chest	<u>stethoscope</u> _____ <i>A misnomer because the examination is by ear, not by eye. Auscultation means listening to sounds within the body, typically using a stethoscope.</i>	
thromb/o	clot	<u>thrombolysis</u> _____	

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
valvul/o, valv/o	valve	<u>valvul</u> oplasty _____ <i>A balloon-tipped catheter dilates a cardiac valve.</i>	
		mitral <u>valvul</u> itis _____ <i>Commonly associated with rheumatic fever, an inflammatory disease caused by inadequate treatment of a streptococcal infection. An autoimmune reaction occurs, leading to inflammation and damage to heart valves. (See Figure 11-19, page 420.)</i>	
		<u>valv</u> otomy _____	
vas/o	vessel	<u>vaso</u> constriction _____ <i>Constriction means to tighten or narrow.</i>	
		<u>vaso</u> dilation _____	
vascul/o	vessel	<u>vascul</u> ar _____	
ven/o, ven/i	vein	<u>ven</u> ous _____ <i>A venous cutdown is a small surgical incision to permit access to a collapsed vein. An intravenous infusion is delivery of fluids into a vein.</i>	
		<u>venip</u> uncture _____ <i>This procedure is performed for phlebotomy or to start an intravenous infusion.</i>	
ventricul/o	ventricle, lower heart chamber	interv <u>entricul</u> ar septum _____	

PATHOLOGY: THE HEART AND BLOOD VESSELS

HEART

arrhythmias

Abnormal heart rhythms (dysrhythmias).

Arrhythmias are problems with the conduction or electrical system of the heart. More than 4 million Americans have recurrent cardiac arrhythmias.

Examples of cardiac arrhythmias are:

1. bradycardia and heart block (atrioventricular block)

Failure of proper conduction of impulses from the SA node through the AV node to the atrioventricular bundle (bundle of His).

Damage to the SA node may cause its impulses to be too weak to activate the AV node and impulses fail to reach the ventricles. The heart beats slowly and bradycardia results. If the failure occurs only occasionally, the heart misses a beat in a rhythm at regular intervals (partial heart block). If no impulses reach the AV node from the SA node, the ventricles contract slower than the atria and are not coordinated. This is complete heart block.

Right and left bundle branch block (RBBB and LBBB) are common types of heart block. They involve delay or failure of impulses traveling through the right and left bundle branches to the ventricles.

Implantation of an artificial **cardiac pacemaker** overcomes arrhythmias and keeps the heart beating at the proper rate. The pacemaker power source is a generator that contains a computer and lithium battery. It is implanted under the skin just below the collarbone, with leads (wires) to both chambers, usually on the right side of the heart. A newer type of pacemaker, called a **biventricular pacemaker**, treats delays and abnormalities in ventricular contractions (dysynergy) and also can relieve symptoms and improve quality of life in patients with congestive heart failure. It reduces exacerbations of heart failure that require hospital admission (Figure 11-13C).

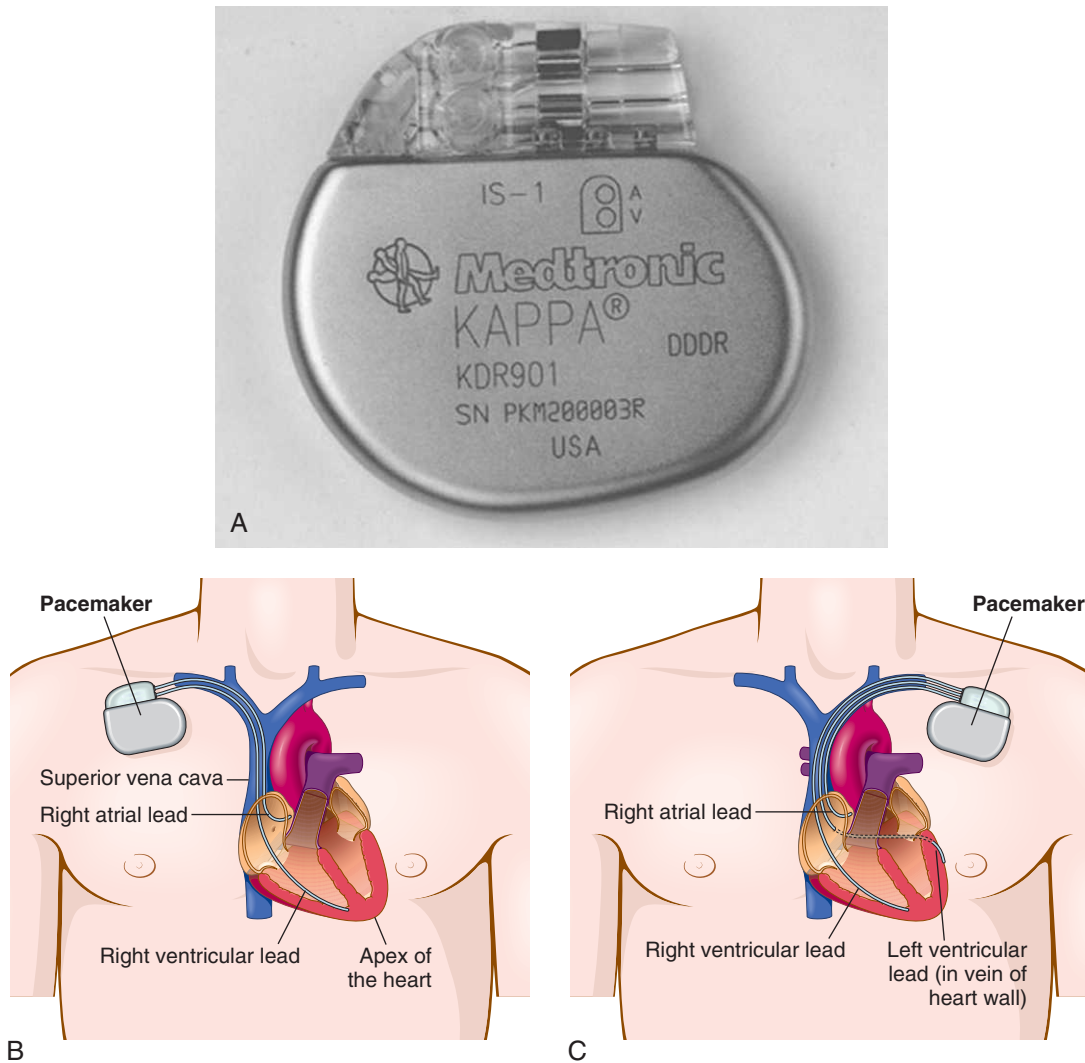


FIGURE 11-13 A, A dual-chamber, rate-responsive pacemaker (actual size shown) is designed to detect body movement and automatically increase or decrease paced heart rates based on levels of physical activity. B, Cardiac pacemaker with leads in the right atrium and right ventricle enable it to sense and pace in both heart chambers. C, Biventricular pacemaker with leads in the right atrium and the right and left ventricles to synchronize ventricular contractions.




How Does a Pacemaker Work?

The pacemaker leads (wires) detect the heart's own electrical activity and transmit that information to the generator (computer). The computer analyzes the heart's signals and decides when and where to pace. If the rate is slow, the generator emits a signal to stimulate contraction and increase the rate. Pacemakers with multiple leads can pace the atrium and ventricle in proper sequence. Rate-responsive pacemakers have sensors that detect body movement and breathing to then determine the best heart rate.

2. flutter**Rapid but regular contractions, usually of the atria.**

Heart rhythm may reach up to 300 beats per minute. Atrial flutter is often symptomatic of heart disease and frequently requires treatment such as medication, electrical cardioversion, or catheter ablation (see below under fibrillation).

3. fibrillation**Very rapid, random, inefficient, and irregular contractions of the heart (350 beats or more per minute).**

Atrial fibrillation (AF) is the most common type of cardiac arrhythmia, affecting 5% to 10% of 70- to 80-year-old people and greater than 15% of individuals in their 80s. Electrical impulses move randomly throughout the atria, causing the atria to quiver instead of contracting in a coordinated rhythm. Common symptoms are **palpitations**  (uncomfortable sensations in the chest from missed heartbeats), fatigue, and shortness of breath. Patients with **paroxysmal AF** (irregular heartbeats occur periodically and episodically) and **permanent** or **persistent AF** (irregular heartbeats continue indefinitely) are at risk for stroke. This is because ineffective atrial contractions can lead to the formation of blood clots in the left atrial appendage (the area where clots form) that may travel to the brain. Also, sometimes AF can make the heart beat very fast for long periods of time, leading to weakening of the heart muscle.

In **ventricular fibrillation (VF)**, electrical impulses move randomly throughout the ventricles. This life-threatening situation may result in sudden cardiac death or **cardiac arrest** (sudden stoppage of heart movement) unless help is provided immediately. If treatment is immediate, VF can be interrupted with **defibrillation** (application of an electrical shock). Defibrillation stops electrical activity in the heart for a brief moment so that normal rhythm takes over. Medications such as **digoxin**, **beta-blockers**, and **calcium channel blockers** convert fibrillation to normal sinus rhythm.

An **implantable cardioverter-defibrillator (ICD)** is a small electrical device that is implanted inside the chest (near the collarbone) to sense arrhythmias and terminate them with an electric shock. Candidates for ICDs are people who have had or are at high risk for having ventricular tachycardia, ventricular fibrillation, and cardiac arrest. **Automatic external defibrillators (AEDs)** may be found in workplaces, airports, and other public places and are used in an emergency situation to reverse ventricular fibrillation.

Catheter ablation is a minimally invasive treatment to treat cardiac arrhythmias. The technique, using radiofrequency energy delivered from the tip of a catheter inserted through a blood vessel and into the heart, destroys tissue that causes arrhythmias. Supraventricular tachycardia (SVT), atrial flutter, atrial fibrillation, and ventricular tachycardia (VT) may be treated with ablation when clinically indicated. This procedure may provide a permanent cure in many clinical situations.

**Palpitation/Palpation**

Don't confuse *palpitation* with *palpation*, which means to touch, feel, or examine with the hands and fingers.

congenital heart disease**Abnormalities in the heart at birth.**

The following conditions are congenital anomalies resulting from some failure in the development of the fetal heart.

1. coarctation of the aorta (CoA)

Narrowing (coarctation) of the aorta.

Figure 11-14A shows coarctation of the aorta. Surgical treatment consists of removal of the constricted region and end-to-end anastomosis of the aortic segments.

2. patent ductus arteriosus (PDA)

Passageway (ductus arteriosus) between the aorta and the pulmonary artery remains open (patent) after birth.

The ductus arteriosus normally closes after birth, but in this congenital condition it remains open (see Figure 11-14B), resulting in the flow of oxygenated blood from the aorta into the pulmonary artery. PDA occurs in premature infants, causing cyanosis, fatigue, and rapid breathing. Although the defect often closes on its own within months after birth, treatment may be necessary if patency continues. Treatments include use of a drug (indomethacin) to promote closure; surgery via catheterization (with coil embolization to “plug” the ductus); and ligation (tying off) via a small incision between the ribs.

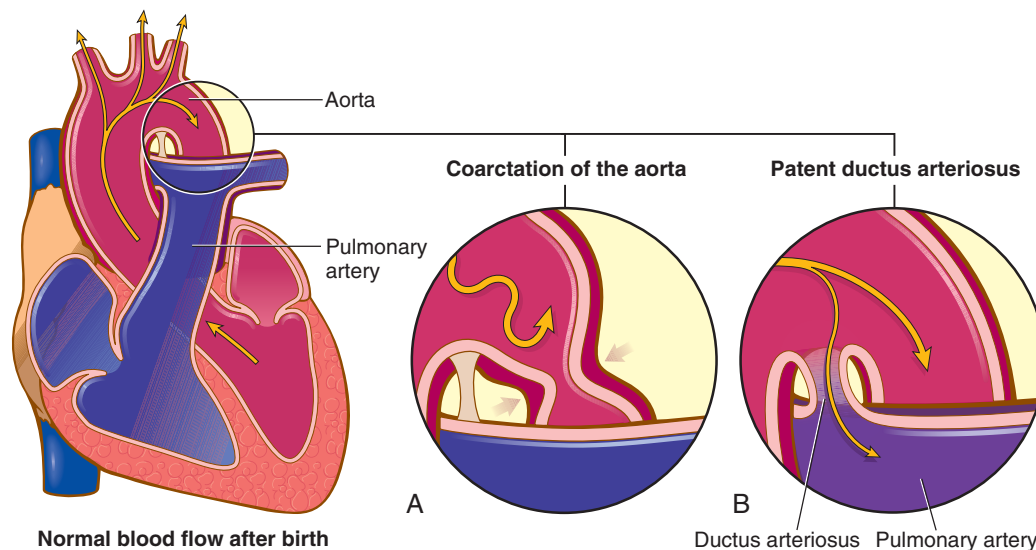


FIGURE 11-14 **A, Coarctation of the aorta.** Localized narrowing of the aorta reduces the supply of blood to the lower part of the body. **B, Patent ductus arteriosus.** The ductus arteriosus fails to close after birth, and blood from the aorta flows through it into the pulmonary artery.

3. septal defects

Small holes in the wall between the atria (atrial septal defects) or the ventricles (ventricular septal defects). Figure 11-15A shows a ventricular septal defect.

Although many septal defects close spontaneously, others require open heart surgery to close the hole between heart chambers. Septal defects are closed while maintaining a general circulation by means of a **heart-lung machine**. This machine, connected to the patient's circulatory system, relieves the heart and lungs of pumping and oxygenation functions during heart surgery.

Alternatively, septal defects may be repaired with a less invasive catheter technique using a device (Amplatzer device) in the defect to close it.

4. tetralogy of Fallot (fă-LŌ)

Congenital malformation involving four (tetra-) distinct heart defects.

The condition, named for Etienne Fallot, the French physician who described it in 1888, is illustrated in Figure 11-15B. The four defects are:

- **Pulmonary artery stenosis.** Pulmonary artery is narrow or obstructed.
- **Ventricular septal defect.** Large hole between two ventricles lets venous blood pass from the right to the left ventricle and out to the aorta without oxygenation.
- **Shift of the aorta to the right.** Aorta overrides the interventricular septum. Oxygen-poor blood passes from the right ventricle to the aorta.
- **Hypertrophy of the right ventricle.** Myocardium works harder to pump blood through a narrowed pulmonary artery.

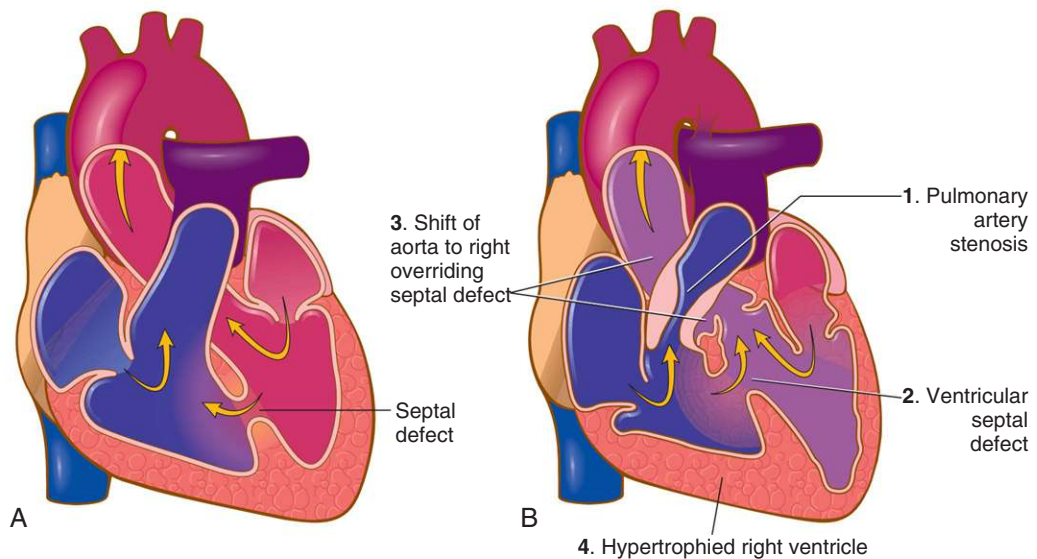


FIGURE 11-15 **A, Ventricular septal defect.** A hole in the ventricular septum causes blood to flow from the left ventricle to the right and into the lungs via the pulmonary artery. **B, Tetralogy of Fallot** showing the four defects. The flow of blood is indicated by the arrows.

An infant with this condition is described as a “blue baby” because of the extreme degree of **cyanosis** present at birth. Surgery for tetralogy of Fallot includes a patch closure of the ventricular septal defect and removing obstruction to the outflow at the pulmonary artery.

Other congenital conditions such as **transposition of the great arteries (TGA)** (pulmonary artery arises from the left ventricle and the aorta from the right ventricle) cause cyanosis and hypoxia as well. Surgical correction of TGA involves an arterial switch procedure (pulmonary artery and aorta are reconnected in their proper positions).

congestive heart failure (CHF)

Heart is unable to pump its required amount of blood.

There are two types of congestive heart failure: systolic and diastolic. In **systolic CHF**, left ventricular dysfunction results in a low ejection fraction (the amount of blood that leaves the left ventricle). Less blood is pumped from the heart. In **diastolic CHF**, the heart can contract normally but is “stiff” or less compliant when relaxed or filling with blood. Fluid backs up in the lungs and other parts of the body. The most common cause of diastolic CHF is hypertension.

Symptoms of CHF include shortness of breath, exercise intolerance, and fluid retention. **Pulmonary edema** (fluid accumulation in the lungs) and swelling or edema in the legs, feet, and ankles are common. Treatment includes lowering dietary intake of sodium and the use of diuretics to promote fluid loss.

Angiotensin-converting enzyme (ACE) inhibitors (type I), beta-blockers, spironolactone (increases excretion of water and sodium by the kidney), and **digoxin** are also used.

If drug therapy and lifestyle changes fail to control congestive heart failure, heart transplantation may be the only treatment option. While waiting for a transplant, patients may need a device to assist the heart's pumping. A **left ventricular assist device (LVAD)** is a booster pump implanted in the abdomen, with a cannula (tube) inserted into the left ventricle. It pumps blood out of the heart to all parts of the body. LVAD may be used either as a “bridge to transplant” or as a “destination” therapy when heart transplantation is not possible. Because of the severe shortage of donor hearts, research efforts are directed at developing total artificial hearts.

coronary artery disease (CAD)

Disease of the arteries surrounding the heart.

The coronary arteries are a pair of blood vessels that arise from the aorta and supply oxygenated blood to the heart. After blood leaves the heart via the aorta, a portion is at once led back over the surface of the heart through the coronary arteries.

CAD usually is the result of **atherosclerosis**. This is the deposition of fatty compounds on the inner lining of the coronary arteries (any other artery can be similarly affected). The ordinarily smooth lining of the artery becomes roughened as the atherosclerotic plaque collects in the artery.

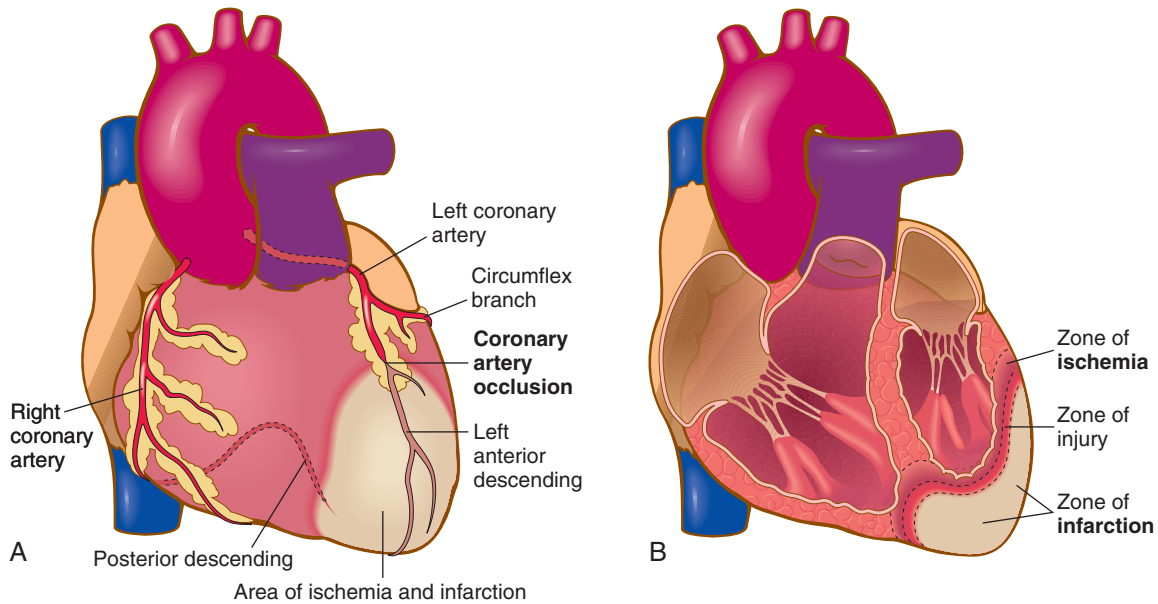


FIGURE 11-16 A, Ischemia and infarction produced by coronary artery occlusion. B, Internal view of the heart showing an area damaged by myocardial infarction.

The plaque first causes plugging of the coronary artery. Next, the roughened lining of the artery may rupture or cause abnormal clotting of blood, leading to **thrombotic occlusion** (blocking of the coronary artery by a clot). Blood flow is decreased (**ischemia**) or stopped entirely, leading to death (**necrosis**) of a part of the myocardium. This sequence of events constitutes a **myocardial infarction**, or heart attack, and the area of dead myocardial tissue is known as an infarct. The infarcted area is eventually replaced by scar tissue. Figure 11-16 shows coronary arteries branching from the aorta and illustrates coronary artery occlusion leading to ischemia and infarction of heart muscle. Figure 11-17 is a photograph of myocardium after an acute myocardial infarction.

Acute coronary syndromes (ACSs) are conditions caused by myocardial ischemia. These conditions are **unstable angina** (chest pain at rest or chest pain of increasing frequency) and **myocardial infarction** (Figure 11-18).

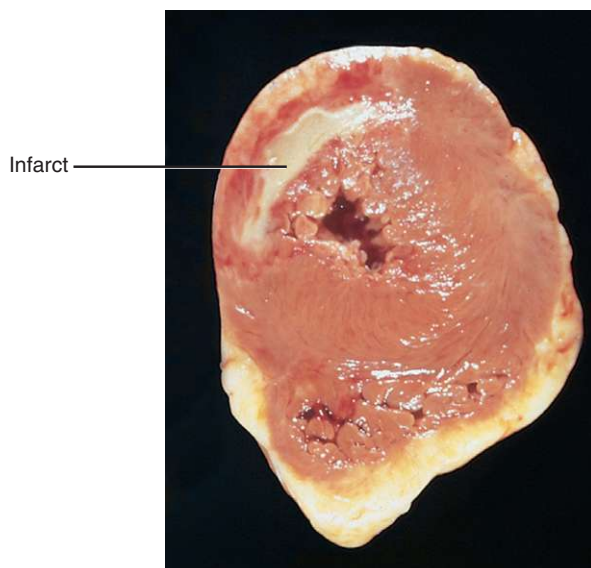


FIGURE 11-17 Acute myocardial infarction (MI), 5 to 7 days old. The infarct is visible as a well-demarcated, pale yellow lesion in the posterolateral region of the left ventricle. The border of the infarct is surrounded by a dark red zone of acute inflammation.

Patients with ACSs benefit from early angiography (x-ray imaging of coronary arteries) and PCI (percutaneous coronary intervention with a balloon catheter and stents) or CABG (coronary artery bypass grafting) to improve blood flow to the heart muscle (revascularization). Drugs used to treat ACSs are anticoagulants and antiplatelet agents such as aspirin and clopidogrel (Plavix), prasugrel (Effient) and ticagrelor (Brilinta).

For acute attacks of angina, **nitroglycerin** is given sublingually (under the tongue). This drug, one of several called **nitrates**, is a vasodilator that increases coronary blood flow and lowers blood pressure. Nitrates also produce venodilation to reduce venous return and decrease myocardial oxygen consumption, both of which help decrease the work of the heart.

Physicians advise patients to avoid risk factors such as smoking, obesity, and lack of exercise, and they prescribe effective drugs to prevent CAD and ACSs. These drugs include **aspirin** (to prevent clumping of platelets), **beta-blockers** (to reduce the force and speed of the heartbeat and to lower blood pressure), **ACE inhibitors** (to reduce high blood pressure and the risk of future heart attack even if the patient is not hypertensive), **calcium channel blockers** (to relax muscles in blood vessels), and **statins** (to lower cholesterol levels).

Cardiac surgeons perform an open heart operation called **coronary artery bypass grafting (CABG)** to treat CAD by replacing clogged vessels. Interventional cardiologists perform **percutaneous coronary intervention (PCI)**, in which catheterization with balloons and stents opens clogged coronary arteries.

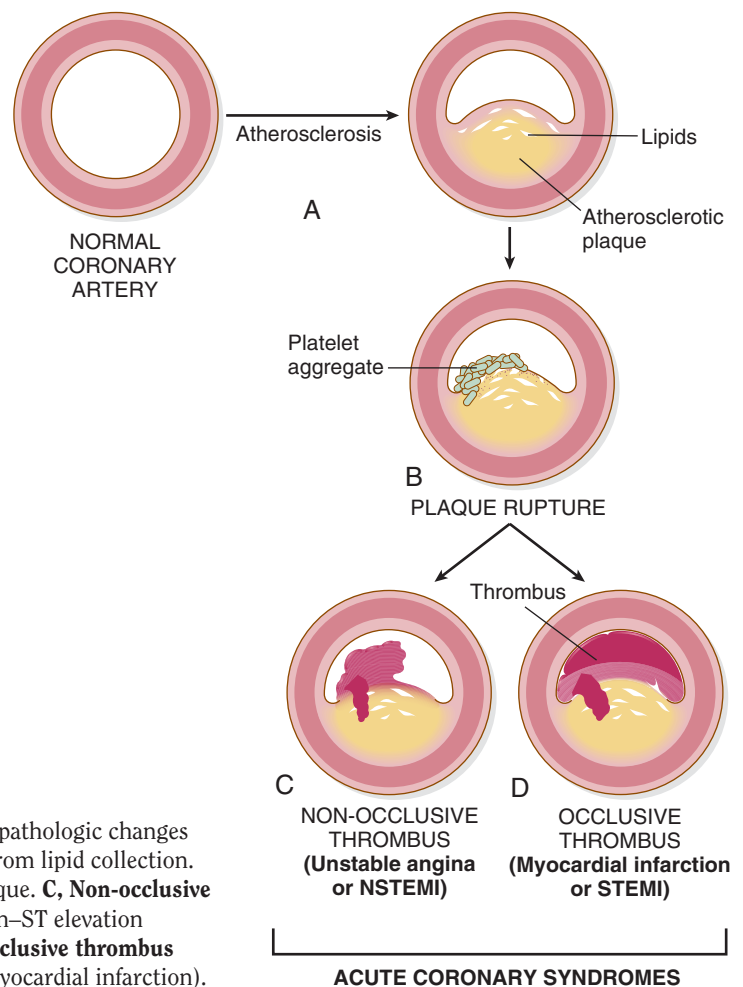


FIGURE 11-18 Acute coronary syndromes: sequence of pathologic changes leading to cardiac event. **A, Atherosclerotic plaque** forms from lipid collection. **B, Plaque rupture**, causing platelet aggregation on the plaque. **C, Non-occlusive thrombus** forms, causing **unstable angina** or **NSTEMI** (non-ST elevation myocardial infarction). **D, Alternatively**, formation of an **occlusive thrombus** leads to a **myocardial infarction** or **STEMI** (ST elevation myocardial infarction).

endocarditis**Inflammation of the inner lining of the heart.**

Damage to the heart valves from infection (**bacterial endocarditis**) produces lesions called **vegetations** (resembling cauliflower) that break off into the bloodstream as **emboli** (material that travels through the blood). The emboli can lodge in other vessels, leading to a transient ischemic attack (TIA), or stroke, or in small vessels of the skin, where multiple pinpoint hemorrhages known as **petechiae** (from the Italian *petechio*, a flea bite) form. Antibiotics can cure bacterial endocarditis.

hypertensive heart disease**High blood pressure affecting the heart.**

This condition results from narrowing of arterioles, which leads to increased pressure in arteries. The heart is affected (left ventricular hypertrophy) because it pumps more vigorously to overcome the increased resistance in the arteries.

mitral valve prolapse (MVP)**Improper closure of the mitral valve.**

This condition occurs because the mitral valve enlarges and prolapses into the left atrium during systole. The physician hears a midsystolic click on **auscultation** (listening with a stethoscope). Most people with MVP live normal lives, but prolapsed valves can on rare occasion become infected.

murmur**Extra heart sound, heard between normal beats.**

Murmurs are heard with the aid of a stethoscope and usually are caused by a valvular defect or disease that disrupts the smooth flow of blood in the heart. They also are heard in cases of interseptal defects, in which blood flows abnormally between chambers through holes in the septa. Functional murmurs are not caused by valve or septal defects and do not seriously endanger a person's health.

A **bruit** (BRŪ-ē) is an abnormal sound or murmur heard on auscultation. A **thrill**, which is a vibration felt on palpation of the chest, often accompanies a murmur.

pericarditis**Inflammation of the membrane (pericardium) surrounding the heart.**

In most instances, pericarditis results from disease elsewhere in the body (such as pulmonary infection). Bacteria and viruses cause the condition, or the etiology may be idiopathic. Malaise, fever, and chest pain occur, and auscultation with a stethoscope often reveals a **pericardial friction rub** (heard as a scraping or grating sound). Compression of the heart caused by collection of fluid in the pericardial cavity is **cardiac tamponade** (tām-pō-NŌD). Treatment includes anti-inflammatory drugs and other agents to manage pain. If the pericarditis is infective, antibiotics or antifungals are prescribed, depending on the microorganisms detected in specimens obtained by pericardiocentesis.

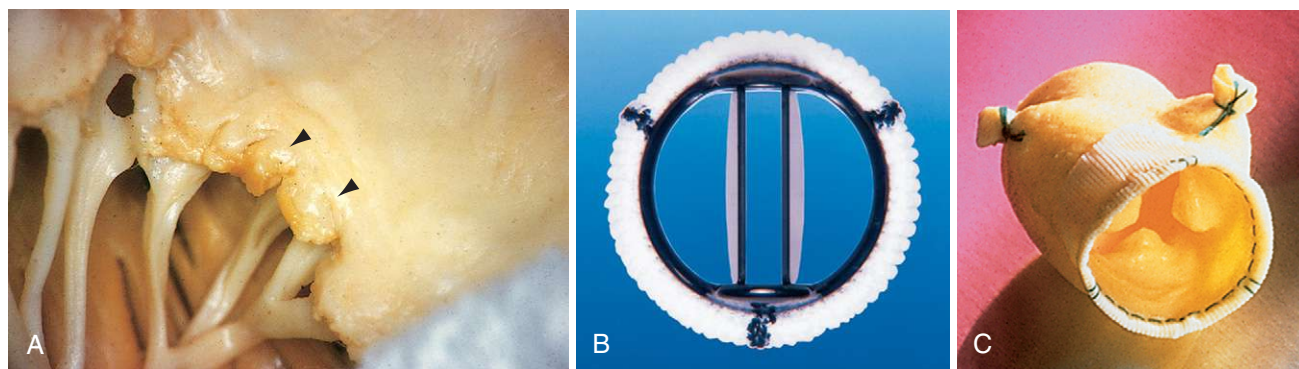



FIGURE 11-19 **A**, Acute rheumatic **mitral valvulitis** with chronic rheumatic heart disease. Small vegetations are visible along the line of closure of the mitral valve leaflet (*arrows*). Previous episodes of rheumatic valvulitis have caused fibrous thickening and fusion of the chordae tendineae of the valves. **B**, **Artificial heart valve**. **C**, **Porcine xenograft valve**. A xenograft valve (Greek *xen/o* means stranger) is tissue that is transferred from an animal of one species (pig) to one of another species (human).

rheumatic heart disease**Heart disease caused by rheumatic fever.**

Rheumatic fever is a childhood disease that follows a streptococcal infection. The heart valves can be damaged by inflammation and scarred (with **vegetations**), so that they do not open and close normally (Figure 11-19A). **Mitral stenosis**, atrial fibrillation, and congestive heart failure, caused by weakening of the myocardium, also can result from rheumatic heart disease. Treatment consists of reduced activity, drugs to control arrhythmia, surgery to repair a damaged valve, and anticoagulant therapy to prevent emboli from forming. Artificial and porcine (pig) valve implants can replace deteriorated heart valves (Figure 11-19B and C).

BLOOD VESSELS**aneurysm****Local widening (dilation) of an arterial wall.**

An aneurysm (Greek *aneurysma*, widening) usually is caused by atherosclerosis and hypertension or a congenital weakness in the vessel wall. Aneurysms are common in the aorta  but may occur in peripheral vessels as well. The danger of an aneurysm is rupture and hemorrhage. Treatment depends on the vessel involved, the site, and the health of the patient. In aneurysms of small vessels in the brain (**berry aneurysms**), treatment is occlusion of the vessel with small clips. For larger arteries, such as the aorta, the aneurysm is resected and a synthetic graft is sewn within the affected vessel. Figure 11-20A shows an abdominal aortic aneurysm (called “AAA”), and Figure 11-20B illustrates a synthetic graft in place. Stent grafts also may be placed less invasively as an alternative to surgery in some patients.

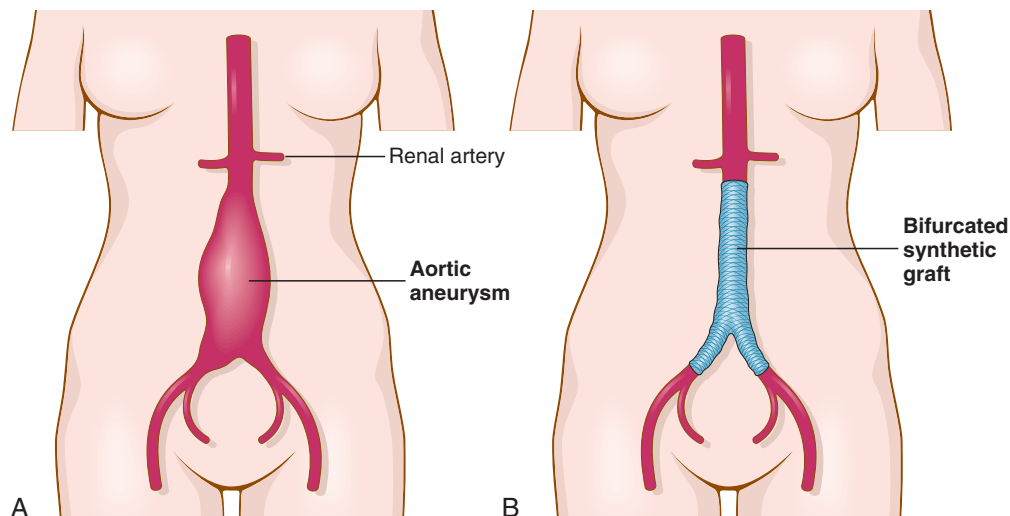



FIGURE 11-20 **A, Abdominal aortic aneurysm (AAA).** A **dissecting aortic aneurysm** is a splitting or dissection of the wall of the aorta by blood entering a tear or hemorrhage within the walls of the vessel. **B, Bifurcated synthetic graft** in place. Stent graft procedures for AAA are **EVAR** (endovascular aneurysm repair) and **TEVAR** (thoracic endovascular aneurysm repair).

**Aortic Aneurysms and Marfan Syndrome**

Aortic aneurysms are often associated with Marfan syndrome, a genetic disorder marked by long, thin fingers, great arm span, ocular lens dislocation, and loose joints. Abraham Lincoln is thought to have had Marfan syndrome, and the syndrome has also been diagnosed in basketball and volleyball players who have died suddenly as a result of ruptured aortic aneurysms.

deep vein thrombosis (DVT)

Blood clot (thrombus) forms in a large vein, usually in a lower limb.

This condition may result in a **pulmonary embolism** (clot travels to the lung) if not treated effectively. Anticoagulants (blood-thinning drugs) such as heparin and warfarin (Coumadin) are used to prevent DVTs and pulmonary emboli (PEs). 

hypertension (HTN)

High blood pressure.

Most high blood pressure is **essential hypertension**, with no identifiable cause. In adults, a blood pressure of 140/90 mm Hg or greater is considered high. Diuretics, ACE inhibitors, calcium channel blockers, and beta-blockers, are used to treat essential hypertension. Losing weight, limiting sodium (salt) intake, stopping smoking, and reducing fat in the diet also can reduce blood pressure.

In **secondary hypertension**, the increase in pressure is caused by another associated lesion, such as glomerulonephritis, pyelonephritis, or disease of the adrenal glands.

peripheral arterial disease (PAD)

Blockage of arteries carrying blood to the legs, arms, kidneys and other organs.

Any artery can be affected, such as the **carotid** (neck), **femoral** (thigh), or **popliteal** (back of the knee). A sign of PAD in the lower extremities is **intermittent claudication** (absence of pain or discomfort in a leg at rest, but pain, tension, and weakness after walking has begun). Treatment is exercise, avoidance of nicotine (which causes vessel constriction), and control of risk factors such as hypertension, hyperlipidemia, and diabetes. Surgical treatment includes endarterectomy and bypass grafting (from the normal proximal vessel around the diseased area to a normal vessel distally).

Percutaneous treatments include balloon angioplasty, atherectomy, and stenting. **Embolic protection devices** are parachute-like filters used to capture embolic debris during stenting.

**Warfarin (Coumadin) and Newer Anticoagulants**

While the oral anticoagulant, warfarin, is used to prevent or treat thrombo-embolic diseases, treatment with warfarin requires careful monitoring, and is complicated by drug-drug or drug-food interactions. Newer anticoagulants that address these limitations have been approved recently by the FDA for anticoagulation in atrial fibrillation and will likely be expanded to DVT and PE.

Raynaud (rā-NŌ) disease**Recurrent episodes of pallor and cyanosis primarily in fingers and toes.**

Of uncertain cause, this disorder is marked by intense constriction and vasospasm of arterioles often of young, otherwise healthy women. Episodes can be triggered by cold temperatures, emotional stress, or cigarette smoking. Protecting the body from cold and use of vasodilators are effective treatments.

Raynaud phenomenon is a similar condition of arterial insufficiency but is secondary to arterial narrowing from other conditions, such as atherosclerosis, systemic lupus erythematosus, or scleroderma.

varicose veins**Abnormally swollen and twisted veins, usually occurring in the legs.**

This condition is caused by damaged valves that fail to prevent the backflow of blood (Figure 11-21A to C). The blood then collects in the veins, which distend to many times their normal size. Because of the slow flow of blood in the varicose veins and frequent injury to the vein, thrombosis may occur as well. **Hemorrhoids** (piles) are varicose veins near the anus.

Physicians now treat varicose veins with sclerotherapy (injections with sclerosing solution) or laser and pulsed-light treatments to seal off veins. Surgical interventions such as vein stripping and ligation are used less frequently.

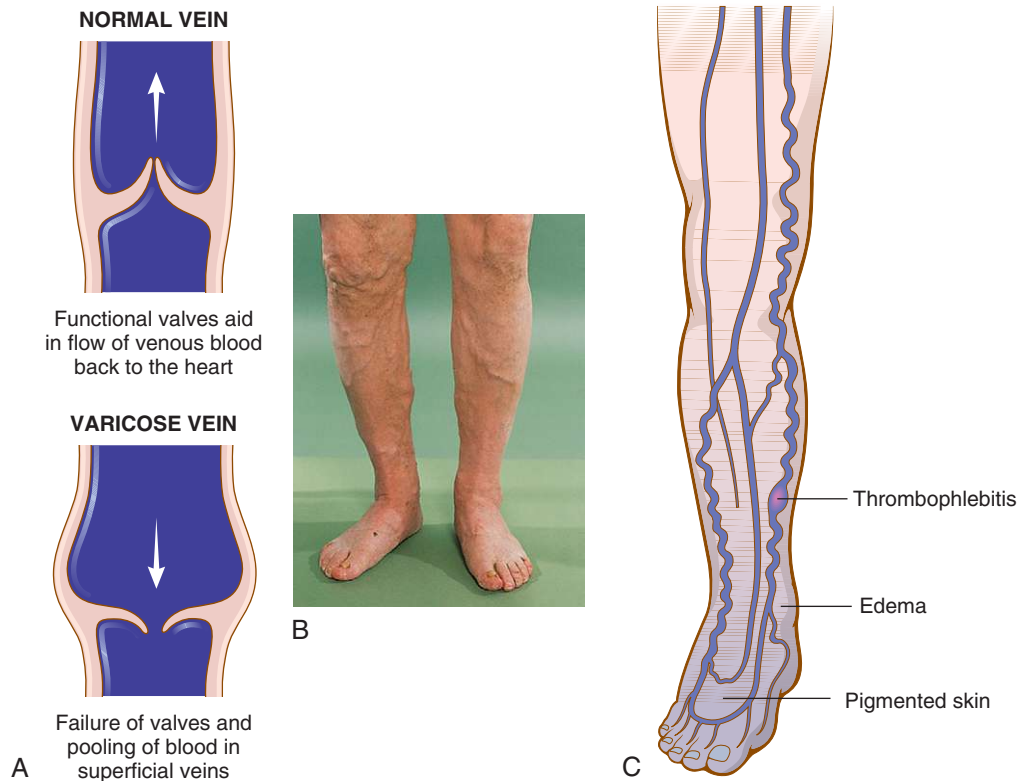


FIGURE 11-21 A, Valve function in normal vein and varicose vein. B, Varicose veins. C, The slow flow in veins increases susceptibility to **thrombophlebitis** (clot formation), **edema**, and **pigmented skin** (blood pools in the lower parts of the leg and fluid leaks from distended small capillaries). If a thrombus becomes loosened from its place in the vein, it can travel to the lungs (pulmonary embolism) and block a blood vessel there.



STUDY SECTION

Practice spelling each term and know its meaning.

acute coronary syndromes (ACSs)	Unstable angina and myocardial infarction (heart attack), which are consequences of plaque rupture in coronary arteries.
angina (pectoris)	Chest pain resulting from myocardial ischemia. Stable angina occurs predictably with exertion; unstable angina is chest pain that occurs more often and with less exertion.
angiotensin-converting enzyme (ACE) inhibitor	Antihypertensive drug that blocks the conversion of angiotensin I to angiotensin II, causing blood vessels to dilate. It prevents heart attacks, CHF, stroke, and death. See Table 21-6 on page 893 for names of ACE inhibitors and other cardiovascular drugs.
auscultation	Listening for sounds in blood vessels or other body structures, typically using a stethoscope.
beta-blocker	Drug used to treat angina, hypertension, and arrhythmias. It blocks the action of epinephrine (adrenaline) at receptor sites on cells, slowing the heartbeat and reducing the workload on the heart.
biventricular pacemaker	Device enabling ventricles to beat together (in synchrony) so that more blood is pumped out of the heart.
bruit	Abnormal blowing or swishing sound heard during auscultation of an artery or organ.
calcium channel blocker	Drug used to treat angina and hypertension. It dilates blood vessels by blocking the influx of calcium into muscle cells lining vessels.
cardiac arrest	Sudden, unexpected stoppage of heart action, often leading to sudden cardiac death.
cardiac tamponade	Pressure on the heart caused by fluid in the pericardial space.
claudication	Pain, tension, and weakness in a leg after walking has begun, but absence of pain at rest.
digoxin	Drug that treats arrhythmias and strengthens the heartbeat.
embolus (plural: emboli)	Clot or other substance that travels to a distant location and suddenly blocks a blood vessel.
infarction	Area of dead tissue.
nitrates	Drugs used in the treatment of angina. They dilate blood vessels, increasing blood flow and oxygen to myocardial tissue.
nitroglycerin	Nitrate drug used in the treatment of angina.
occlusion	Closure of a blood vessel due to blockage.
palpitations	Uncomfortable sensations in the chest related to cardiac arrhythmias, such as premature ventricular contractions (PVCs).
patent	Open.
pericardial friction rub	Scraping or grating noise heard on auscultation of the heart; suggestive of pericarditis.
petechiae	Small, pinpoint hemorrhages.
statins	Drugs used to lower cholesterol in the bloodstream.
thrill	Vibration felt over an area of turmoil in blood flow (as a blocked artery).
vegetations	Clumps of platelets, clotting proteins, microorganisms, and red blood cells on diseased heart valves.

LABORATORY TESTS AND CLINICAL PROCEDURES

LABORATORY TESTS

BNP test

Measurement of BNP (brain natriuretic peptide) in blood.

BNP is elevated in patients with heart failure, and it is useful in the diagnosis of CHF in patients with dyspnea who come to the emergency department. Its presence also identifies patients at risk for complications when presenting with acute coronary syndromes (e.g., myocardial infarction and unstable angina). It is secreted when the heart becomes overloaded, and it acts as a diuretic to help heart function return to normal.

The reference to brain in this substance originates from its initial identification from the brain of a pig.

cardiac biomarkers

Chemicals are measured in the blood as evidence of a heart attack.

Damaged heart muscle releases chemicals into the bloodstream. The substances tested for are **troponin-I (cTnI)** and **troponin-T (cTnT)**. Troponin is a heart muscle protein released into circulation after myocardial injury.

lipid tests (lipid profile)

Measurement of cholesterol and triglycerides (fats) in a blood sample.

High levels of lipids are associated with atherosclerosis. The general guideline for total cholesterol in the blood is less than 200 mg/dL. **Saturated fats** (of animal origin, such as milk, butter, and meats) increase cholesterol in the blood, whereas **polyunsaturated fats** (of vegetable origin, such as corn and safflower oil) decrease blood cholesterol.

Treatment of hyperlipidemia includes proper diet (low-fat, high-fiber intake) and exercise. Niacin (a vitamin) also helps reduce lipids. Drug therapy includes **statins**, which reduce the risk of heart attack, stroke, and cardiovascular death. Statins lower cholesterol by reducing its production in the liver. Examples are simvastatin (Zocor), atorvastatin (Lipitor), and pravastatin (Pravachol).

lipoprotein electrophoresis

Lipoproteins (combinations of fat and protein) are physically separated and measured in a blood sample.

Examples of lipoproteins are **low-density lipoprotein (LDL)** and **high-density lipoprotein (HDL)**. High levels of LDL are associated with atherosclerosis. The National Guideline for LDL is less than 130 mg/dL in normal persons and less than 70 mg/dL in patients with CAD, PAD, and diabetes mellitus. High levels of HDL protect adults from atherosclerosis. Factors that increase HDL are estrogen, exercise, and alcohol in moderation.

CLINICAL PROCEDURES: DIAGNOSTIC

X-Ray and Electron Beam Tests

angiography

X-ray imaging of blood vessels after injection of contrast material.

Arteriography is x-ray imaging of arteries after injection of contrast via a catheter into the aorta or an artery.

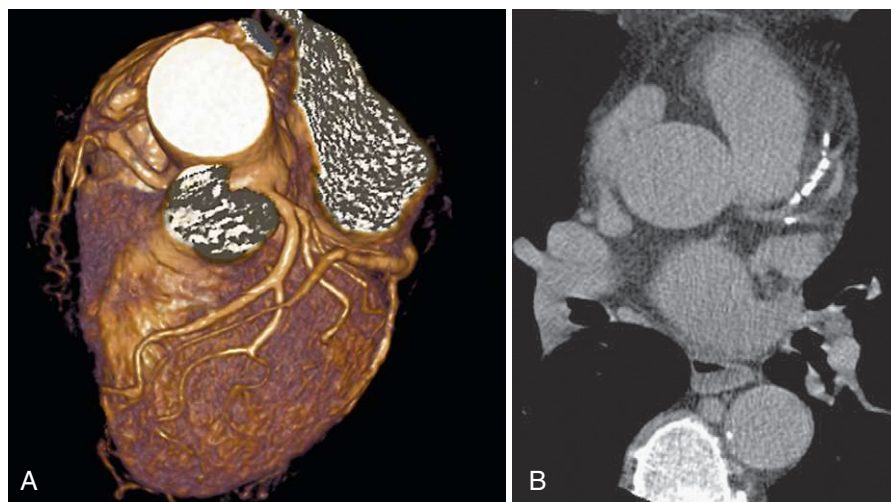


FIGURE 11-22 A, Computed tomography angiography (CTA) showing coronary arteries. High radiation is a drawback to the use of CTA. B, Electron beam computed tomography showing significant calcification (*white areas*) in the coronary arteries, indicating advanced coronary artery disease. (A, Courtesy Massachusetts General Hospital, Boston.)

computed tomography angiography (CTA)

Three-dimensional x-ray images of the heart and coronary arteries using computed tomography (64-slice CT scanner).

This newer technique takes hundreds of images of the heart per second. Cross-sectional images are assembled by computer into a three-dimensional picture. It is less invasive than angiography (contrast material is injected into a small peripheral vein with a small needle) and provides excellent views of the coronary arteries for diagnosis of coronary artery disease (Figure 11-22A).


digital subtraction angiography (DSA)

Video equipment and a computer produce x-ray images of blood vessels.

After taking an initial x-ray picture and storing it in a computer, physicians inject contrast material and take a second image of that area. The computer compares the two images and subtracts digital data for the first from the second, leaving an image of vessels with contrast.

electron beam computed tomography (EBCT or EBT)

Electron beams and CT identify calcium deposits in and around coronary arteries to diagnose early CAD.

A **coronary artery calcium score**  is derived to indicate future risk of heart attack and stroke (see Figure 11-22B).

Ultrasound Examination

Doppler ultrasound studies

Sound waves measure blood flow within blood vessels.

An instrument focuses sound waves on blood vessels, and echoes bounce off red blood cells. The examiner can hear various alterations in blood flow caused by vessel obstruction. **Duplex ultrasound** combines Doppler and conventional ultrasound to allow physicians to image the structure of blood vessels and measure the speed of blood flow. Carotid artery occlusion, aneurysms, varicose veins, and other vessel disorders can be diagnosed with duplex ultrasound.



Coronary Artery Calcium Score

0-99	low risk
100-399	intermediate risk
>400	high risk

A calcium score >400 is associated with a nearly 25% chance of a heart attack or stroke occurring within 10 years.

echocardiography (ECHO)

Echoes generated by high-frequency sound waves produce images of the heart (Figure 11-23A).

ECHOs show the structure and movement of the heart. In **transesophageal echocardiography (TEE)**, a transducer placed in the esophagus provides ultrasound and Doppler information (Figure 11-23B). This technique detects cardiac masses, prosthetic valve function, aneurysms, and pericardial fluid.

Nuclear Cardiology**positron emission tomography (PET) scan**

Images show blood flow and myocardial function following uptake of radioactive glucose.

PET scanning can detect CAD, myocardial function, and differences between ischemic heart disease and cardiomyopathy.

technetium Tc 99m sestamibi scan

Technetium Tc 99m sestamibi injected intravenously is taken up in cardiac tissue, where it is detected by scanning.

This scan is used in persons who have had an MI, to assess the amount of damaged heart muscle. It also is used with an exercise tolerance test (**ETT-MIBI**). Sestamibi is a radioactive tracer compound used to define areas of poor blood flow in heart muscle.

thallium 201 scan

Concentration of radioactive thallium is measured to give information about blood supply to the heart muscle.

Thallium studies show the viability of heart muscle. Infarcted or scarred myocardium shows up as “cold spots.”

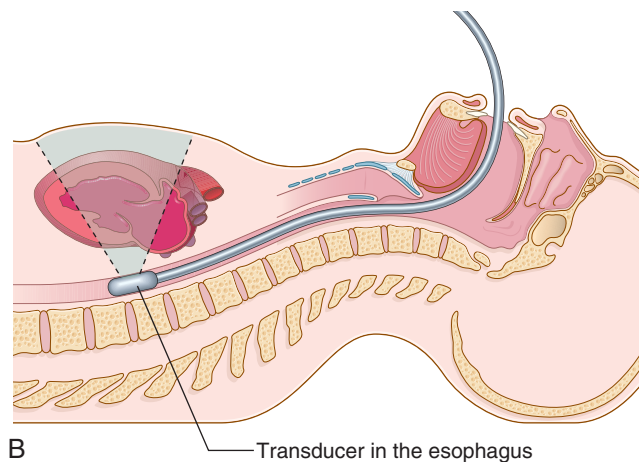
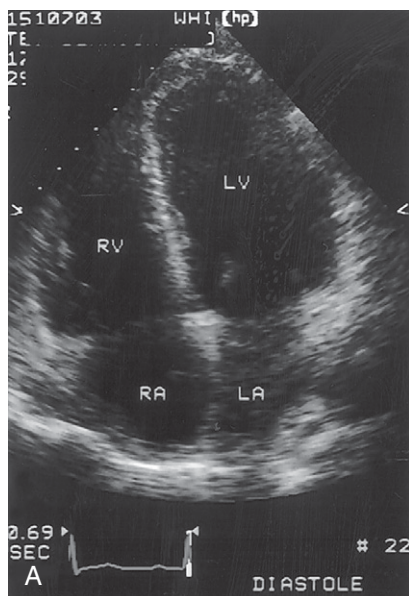


FIGURE 11-23 A, Echocardiogram. Notice that in this view, the ventricles are above the atria. B, Transesophageal echocardiography.

Magnetic Resonance Imaging (MRI)**cardiac MRI**

Images of the heart are produced using radiowave energy in a magnetic field.

These images in multiple planes give information about left and right ventricular function, wall thickness, and fibrosis, aneurysms, cardiac output, and patency of peripheral and coronary arteries. The magnetic waves emitted during MRI could interfere with implanted pacemakers because of their metal content and heat generation, so it is currently contraindicated for a patient with a pacemaker to undergo cardiac MRI. However, new MRI-safe pacemakers have been approved. **Magnetic resonance angiography (MRA)** is a type of MRI that gives highly detailed images of blood vessels. Physicians use MRA to view arteries and blockage inside arteries. **Gadolinium** is the most common contrast agent used for MRI procedures.

Other Diagnostic Procedures**cardiac catheterization**

Thin, flexible tube is guided into the heart via a vein or an artery.

This procedure detects pressures and patterns of blood flow in the heart. Contrast may be injected and x-ray images taken of the heart and blood vessels (Figure 11-24). This procedure may be used in diagnosis and treatment of heart conditions (see under percutaneous coronary intervention [PCI] on page 431).

electrocardiography (ECG)

Recording of electricity flowing through the heart.

Continuous monitoring of a patient's heart rhythm in hospitals is performed via **telemetry** (electronic transmission of data—tele/o means distant). Sinus rhythm begins in the SA node, and the normal rate is between 60 to 100 beats per minute. Figure 11-25 shows ECG strips for normal sinus rhythm and several types of dysrhythmias (abnormal rhythms).

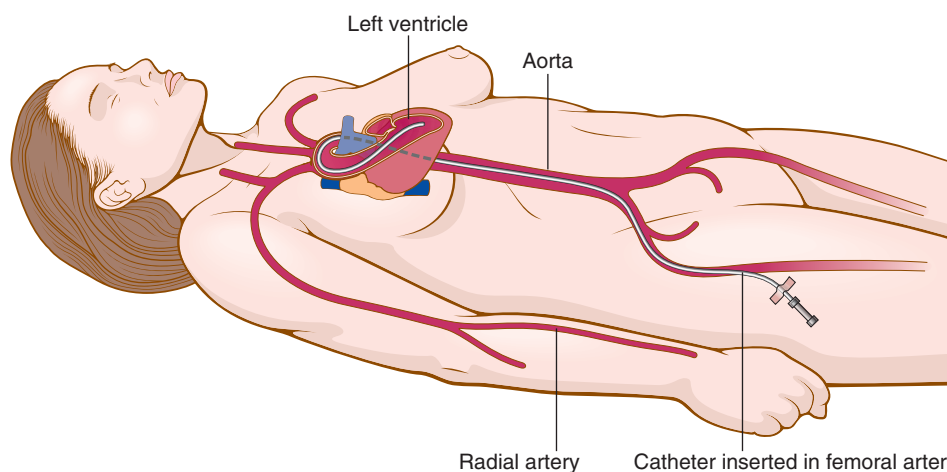


FIGURE 11-24 Left-sided cardiac catheterization. The catheter is passed retrograde (backward) from the femoral artery into the aorta and then into the left ventricle. Catheterization also is performed using the radial artery by an increasing number of interventional cardiologists. For right-sided cardiac catheterization, the cardiologist inserts a catheter through the femoral vein and advances it to the right atrium and right ventricle and into the pulmonary artery.

Holter monitoring

An ECG device is worn during a 24-hour period to detect cardiac arrhythmias.

Rhythm changes are correlated with symptoms recorded in a diary.

stress test

Exercise tolerance test (ETT) determines the heart's response to physical exertion (stress).

A common protocol uses 3-minute stages at set speeds and elevations of a treadmill. Continual monitoring of vital signs and ECG rhythms is important in the diagnosis of CAD and left ventricular function.

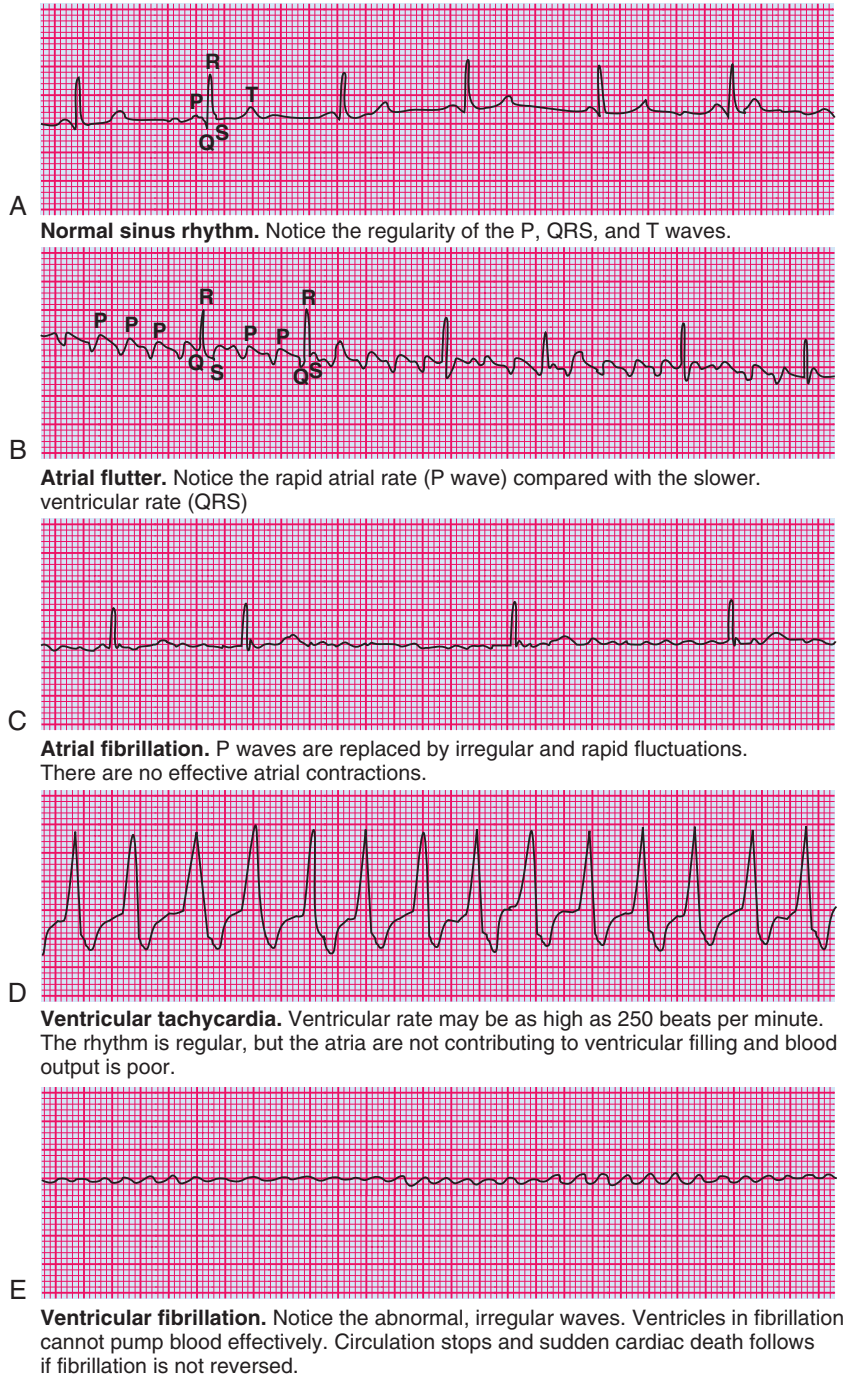


FIGURE 11-25 ECG rhythm strips showing normal sinus rhythm and dysrhythmias (arrhythmias).

CLINICAL PROCEDURES: TREATMENT**catheter ablation**

Brief delivery of radiofrequency energy to destroy areas of heart tissue that may be causing arrhythmias

A catheter is guided through a vein in the leg to the vena cava and into the heart. The abnormal electrical pathway is located and ablated (destroyed) via energy emitted from the catheter. See Figure 11-26A.

coronary artery bypass grafting (CABG)

Arteries and veins are anastomosed to coronary arteries to detour around blockages.

Internal mammary (breast) and radial (arm) arteries and saphenous (leg) vein grafts are used to keep the myocardium supplied with oxygenated blood (Figure 11-26B). Cardiac surgeons perform minimally invasive CABG surgery using smaller incisions instead of the traditional sternotomy to open the chest. Vein and artery grafts are removed endoscopically through small incisions as well.

Although most operations are performed with a heart-lung machine (“on-pump”), an increasing number are performed “off-pump” with a beating heart. See the *In Person* story, on page 436, of a man who underwent coronary artery bypass graft surgery.

defibrillation

Brief discharges of electricity are applied across the chest to stop dysrhythmias (ventricular fibrillation).

For patients at high risk for sudden cardiac death from ventricular dysrhythmias, an **implantable cardioverter-defibrillator (ICD)** or **automatic implantable cardioverter-defibrillator (AICD)** is placed in the upper chest.

Cardioversion is another technique using lower energy to treat atrial fibrillation, atrial flutter, and supraventricular tachycardia.

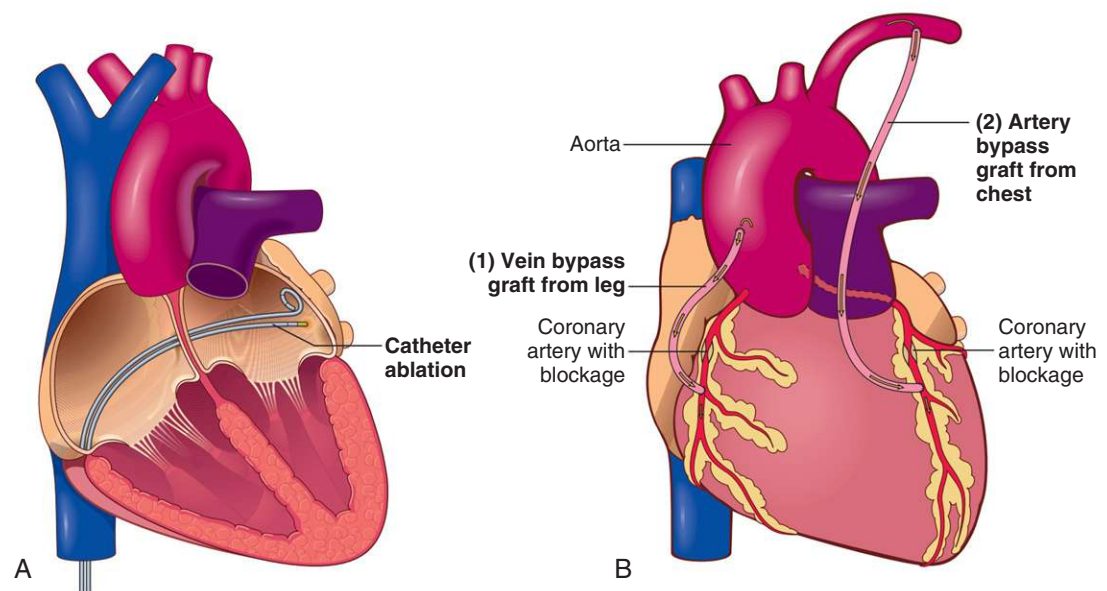


FIGURE 11-26 **A, Catheter ablation.** SVT, atrial flutter, AF, and VT may be treated with ablation when clinically indicated. **B, Coronary artery bypass grafting (CABG)** surgery with anastomosis of vein and arterial grafts. **(1)** A section of a vein is removed from the leg and anastomosed (upside down because of its directional valves) to a coronary artery, to bypass an area of arteriosclerotic blockage. **(2)** An internal mammary artery is grafted to a coronary artery to bypass a blockage.

endarterectomy**Surgical removal of plaque from the inner layer of an artery.**

Fatty deposits (atheromas) and thromboses are removed to open clogged arteries. **Carotid endarterectomy** is a procedure to remove plaque buildup in the carotid artery to reduce risk of stroke.

extracorporeal circulation**Heart-lung machine diverts blood from the heart and lungs while the heart is repaired.**

Blood leaves the body, enters the heart-lung machine, where it is oxygenated, and then returns to a blood vessel (artery) to circulate through the bloodstream. The machine uses the technique of **extracorporeal membrane oxygenation (ECMO)**.

heart transplantation**A donor heart is transferred to a recipient.**

While waiting for a transplant, a patient may need a **left ventricular assist device (LVAD)**, which is a booster pump implanted in the abdomen with a cannula (flexible tube) to the left ventricle.

percutaneous coronary intervention (PCI)**Balloon-tipped catheter is inserted into a coronary artery to open the artery; stents are put in place.**

An interventional cardiologist places the catheter in the femoral or radial artery and then threads it up the aorta into the coronary artery. **Stents** (expandable slotted tubes that serve as permanent scaffolding devices) create wide lumens and make restenosis less likely. Newer **drug-eluting stents (DESs)** are coated with polymers that elute (release) antiproliferative drugs to prevent scar tissue formation leading to restenosis (Figure 11-27). Stents are also placed in carotid, renal, and other peripheral arteries.

PCI techniques include percutaneous transluminal coronary angioplasty (PTCA), stent placement, laser angioplasty (a small laser on the tip of a catheter vaporizes plaque), and atherectomy.

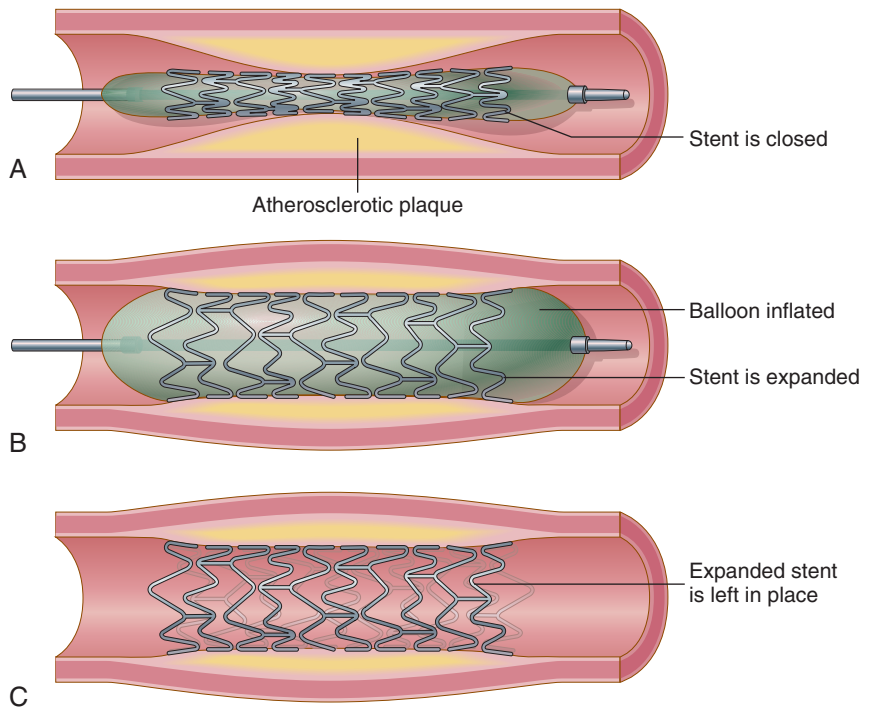


FIGURE 11-27 Placement of an intracoronary artery drug-eluting stent.

A, The stent is positioned at the site of the lesion. **B**, The balloon is inflated, expanding the stent and compressing the plaque. **C**, When the balloon is withdrawn, the stent supports the artery and releases a drug to reduce the risk of restenosis. Stents are stainless-steel scaffolding devices that help hold open arteries, such as the coronary, renal, and carotid arteries.

thrombolytic therapy

Drugs to dissolve clots are injected into the bloodstream of patients with coronary thrombosis.

Tissue plasminogen activator (**tPA**) and **streptokinase** restore blood flow to the heart and limit irreversible damage to heart muscle. The drugs are given within 12 hours after the onset of a heart attack. Thrombolytic agents reduce the mortality rate in patients with myocardial infarction by 25%.

transcatheter aortic valve replacement (TAVR)

Placement of a balloon-expandable aortic heart valve into the body via a catheter.

The catheter is guided into the heart through the femoral artery, and a stent valve device is inserted via the catheter. This is a new minimally invasive catheter-based technology used to treat aortic stenosis.



ABBREVIATIONS

AAA	abdominal aortic aneurysm	CCU	coronary care unit
ACE inhibitor	angiotensin-converting enzyme inhibitor	Cath	catheterization
ACLS	advanced cardiac life support; CPR plus drugs and defibrillation	CHF	congestive heart failure
ACS	acute coronary syndrome	CK	creatinine kinase; released into the bloodstream after injury to heart or skeletal muscles
ADP	adenosine diphosphate; ADP blockers are used to prevent cardiovascular-related death, heart attack, and strokes and after all stent procedures	CoA	coarctation of the aorta
AED	automatic external defibrillator	CPR	cardiopulmonary resuscitation
AF, a-fib	atrial fibrillation	CRT	cardiac resynchronization therapy; biventricular pacing
AICD	automatic implantable cardioverter-defibrillator	CTNI or cTnI; CTNT or cTnT	cardiac troponin-I and cardiac troponin-T; troponin is a protein released into the bloodstream after myocardial injury
AMI	acute myocardial infarction	DES	drug-eluting stent
ARVD	arrhythmogenic right ventricular dysplasia	DSA	digital subtraction angiography
AS	aortic stenosis	DVT	deep vein thrombosis
ASD	atrial septal defect	ECMO	extracorporeal membrane oxygenation
AV, A-V	atrioventricular	ECG; also seen as EKG	electrocardiography
AVR	aortic valve replacement	ECHO	echocardiography
BBB	bundle branch block	EF	ejection fraction; measure of the amount of blood that pumps out of the heart with each beat
BNP	brain natriuretic peptide; elevated in congestive heart failure	EPS	electrophysiology study; electrode catheters are inserted into veins and threaded into the heart and electrical conduction is measured (tachycardias are provoked and analyzed)
BP	blood pressure		
CABG	coronary artery bypass grafting		
CAD	coronary artery disease		

ETT	exercise tolerance test	PDA	patent ductus arteriosus; posterior descending artery
ETT-MIBI	exercise tolerance test combined with a radioactive tracer (sestamibi) scan	PE	pulmonary embolus
EVAR	endovascular aneurysm repair	PVC	premature ventricular contraction
HDL	high-density lipoprotein; high blood levels are associated with lower incidence of coronary artery disease	SA, S-A node	sinoatrial node
HTN	hypertension (high blood pressure)	SCD	sudden cardiac death
IABP	intra-aortic balloon pump; used to support patients in cardiogenic shock	SOB	shortness of breath
ICD	implantable cardioverter-defibrillator	SPECT	single photon emission computed tomography; used for myocardial imaging with sestamibi scans
LAD	left anterior descending (coronary artery)	STEMI	ST elevation myocardial infarction
LDL	low-density lipoprotein	SVT	supraventricular tachycardia; rapid heartbeats arising from the atria and causing palpitations, SOB, and dizziness
LMWH	low-molecular-weight heparin	TAVR	transcatheter aortic valve replacement
LV	left ventricle	TEE	transesophageal echocardiography
LVAD	left ventricular assist device	TEVAR	thoracic endovascular aneurysm repair
LVH	left ventricular hypertrophy	TGA	transposition of the great arteries
MI	myocardial infarction	tPA	tissue-type plasminogen activator; a drug used to prevent thrombosis
MUGA	multiple-gated acquisition scan; a radioactive test of heart function	UA	unstable angina; chest pain at rest or of increasing frequency
MVP	mitral valve prolapse	VF	ventricular fibrillation
NSR	normal sinus rhythm	VSD	ventricular septal defect
NSTEMI	non-ST elevation myocardial infarction	VT	ventricular tachycardia
PAC	premature atrial contraction	WPW	Wolff-Parkinson-White syndrome; an abnormal ECG pattern often associated with paroxysmal tachycardia
PAD	peripheral arterial disease		
PCI	percutaneous coronary intervention		



PRACTICAL APPLICATIONS

Answers to Practical Applications are found on page 449.

OPERATING ROOM SCHEDULE: GENERAL HOSPITAL

Match the operative treatment in Column I with the appropriate surgical indication (diagnosis) in Column II.

COLUMN I		COLUMN II
1. coronary artery bypass grafting	_____	A. Congestive heart failure
2. left carotid endarterectomy	_____	B. Cardiac tamponade (fluid in the space surrounding the heart)
3. sclerosing injections and laser treatment	_____	C. Atherosclerotic occlusion of a main artery leading to the head
4. LV aneurysmectomy	_____	D. Congenital hole in the wall of the upper chamber of the heart
5. atrial septal defect repair	_____	E. Disabling angina and extensive coronary atherosclerosis despite medical therapy
6. left ventricular assist device	_____	F. Peripheral vascular disease
7. pericardiocentesis	_____	G. Heart block
8. aortic valve replacement	_____	H. Varicose veins
9. pacemaker implantation	_____	I. Protrusion of the wall of a lower heart chamber
10. femoral-popliteal bypass grafting	_____	J. Aortic stenosis

CLINICAL CASES: WHAT'S YOUR DIAGNOSIS?

Case 1: A 24-year-old woman with a history of palpitations [heartbeat is unusually strong, rapid, or irregular, so that patient is aware of it] and vague chest pains enters the hospital. With the patient supine, you hear a midsystolic click that is followed by a grade 3/6 [moderately loud—6/6 is loud and 1/6 is quiet] honking murmur.

1. Your diagnosis is
 - a. Tetralogy of Fallot
 - b. Mitral valve prolapse
 - c. Raynaud disease
 - d. Congestive heart failure

Case 2: Mr. Smith was admitted to the telemetry unit for cardiac monitoring after an episode of chest pain. His cardiac enzymes (CK, troponin-T, and troponin-I) were slightly elevated, and the ECG showed elevation in the ST segment. An angiogram reveals plaque blocking the LAD. PCI with DES is recommended.

1. What did the ECG reveal?
 - a. NSTEMI and unstable angina
 - b. Aortic aneurysm
 - c. CHF
 - d. STEMI
2. Your diagnosis for this patient is
 - a. Heart attack
 - b. Rheumatic heart disease
 - c. Unstable angina
 - d. Patent ductus arteriosus
3. What treatment is recommended?
 - a. Coronary artery bypass grafting
 - b. Catheterization with drug-eluting stent placement
 - c. Defibrillation and cardioversion
 - d. Thrombolytic drugs

Case 3: A 42-year-old female runner recovering from an upper respiratory infection comes to the ED complaining of chest pain that is sharp and constant, worse when she is lying down and decreased with sitting up and leaning forward. Serum CK and troponin I levels rule out an acute MI. The ED physician auscultates a pericardial friction rub.

1. What's your diagnosis for this patient?
 - a. Myocardial ischemia
 - b. Unstable angina and NSTEMI
 - c. Endocarditis
 - d. Pericarditis
2. The danger of this condition is the risk for progression to
 - a. Cardiac tamponade
 - b. Aneurysm
 - c. Pulmonary embolism
 - d. Claudication



IN PERSON

This is a first-person account of coronary artery bypass surgery.

Possible heart attack? You have to be kidding. I had none of the supposed symptoms—shortness of breath or chest pain. Instead, I had bouts of atrial fibrillation off and on for several months. I got tired easily, and I could feel my blood pressure drop. After lying down for about an hour, I was fine, but in November 2010 I decided to get it checked out.

My cardiologist decided to do a stress test. He put me on a treadmill, which seemed like an eternity, and then did some ultrasound on me. I work out every day on a treadmill and a recumbent bike, so the test on the treadmill wasn't that difficult, although I loved the words "just a couple of seconds to go."

The cardiologist at Johns Hopkins told me after the stress test that it appeared that I had a slight blockage of an artery. No problem, I thought.

Angioplasty was recommended. During angioplasty, a catheter was inserted up my right arm and, although I was lightly sedated, I still felt it, particularly when the doctor hit a problem and had to make a slight correction. I was certain that they would put in a stent and I'd be home by the weekend. "No," said my doctor. "You have three blockages and will need bypass surgery." I thought he must be talking about someone else. That can't be me!

The blockages did not require immediate surgery. After all, I was pain free and asymptomatic. Still, I asked for an early date for surgery and it was set for January, 11, 2011. That was 1/11/11. How odd.

The triple coronary artery bypass opened me like a beached tuna, and made me an official member of the "zipper club." The atrial fibrillation was fixed with radio-frequency ablation.

After surgery I had to lie on my back, which meant minimal sleep for a week. Lasix (a diuretic) was my biggest problem, along with a dozen pills I had to take far too often. According to my surgeon, who visited me a day later, things went well, and I was up and walking the hallways of Hopkins with the help of a nurse and a walker.

I went home in a week. The toughest part of the ordeal, oddly enough, was trying to get to the bathroom in time and the bumpy ride home. Those bumps made me hold that pillow as close as I could. Ouch.

After I returned home, two nurses came for home care, and they were fabulous. I lost about 20 pounds prior to the surgery and another 17 pounds afterwards. I went from 210 pounds to around 173 pounds.

Nowadays, I eat no red meat, nothing with butter, and as little fat and salt as possible. In order words, I eat fish primarily. I work out every day (between 30 and 60 minutes), and I have regular checkups with my cardiologist.

I was lucky that the atrial fibrillation alerted my physicians to a deeper problem that may have resulted in a heart attack or even death. Secondly, I was fortunate to have some true professionals on hand to get me through the darkest days of my life. Many people who had bypass surgery told me I would have more energy after surgery due to my new plumbing. That hasn't occurred yet, but I still have hope, and will continue to work toward that goal.



Stan Ber was born in Maine, is a graduate of Bowdoin College, and has been a sports editor and columnist for two newspapers in Howard County, Maryland for the past 41 years. He was inducted into the County's Sports Hall of Fame in 2009.



EXERCISES

Remember to check your answers carefully with the Answers to Exercises, page 446.

A Match the following structures with their descriptions below.

aorta	inferior vena cava	superior vena cava
arteriole	mitral valve	tricuspid valve
atrium	pulmonary artery	ventricle
capillary	pulmonary vein	venule

- valve that lies between the right atrium and the right ventricle _____
- smallest blood vessel _____
- carries oxygenated blood from the lungs to the heart _____
- largest artery in the body _____
- brings oxygen-poor blood into the heart from the upper parts of the body _____
- upper chamber of the heart _____
- carries oxygen-poor blood to the lungs from the heart _____
- small artery _____
- valve that lies between the left atrium and the left ventricle _____
- brings blood from the lower half of the body to the heart _____
- small vein _____
- lower chamber of the heart _____

B Trace the path of blood through the heart. Begin as the blood enters the right atrium from the venae cavae (and include the valves within the heart).

- | | |
|---|------------------------|
| 1. <i>right atrium</i> _____ | 7. _____ |
| 2. _____ | 8. _____ |
| 3. _____ | 9. _____ |
| 4. _____ | 10. _____ |
| 5. _____ | 11. _____ |
| 6. <i>capillaries of the lung</i> _____ | 12. <i>aorta</i> _____ |

C Complete the following sentences.

1. The pacemaker of the heart is the _____.
2. The sac-like membrane surrounding the heart is the _____.
3. The wall of the heart between the right and the left atria is the _____.
4. The relaxation phase of the heartbeat is called _____.
5. Specialized conductive tissue in the wall between the ventricles is the _____.
6. The inner lining of the heart is the _____.
7. The contractive phase of the heartbeat is called _____.
8. A gas released as a metabolic product of catabolism is _____.
9. Specialized conductive tissue at the base of the wall between the two upper heart chambers is the _____.
10. The inner lining of the pericardium, adhering to the outside of the heart, is the _____.
11. An abnormal heart sound due to improper closure of heart valves is a _____.
12. The beat of the heart as felt through the walls of arteries is called the _____.

D Complete the following terms using the given definitions.

1. hardening of arteries: arterio_____
2. disease condition of heart muscle: cardio_____
3. enlargement of the heart: cardio_____
4. inflammation of a vein: phleb_____
5. condition of rapid heartbeat: _____cardia
6. condition of slow heartbeat: _____cardia
7. high levels of cholesterol in the blood: hyper_____
8. surgical repair of a valve: valvulo_____
9. condition of deficient oxygen: hyp_____
10. pertaining to an upper heart chamber: _____al
11. narrowing of the mitral valve: mitral _____
12. breakdown of a clot: thrombo_____

E Give the meanings of the following terms.

1. cyanosis _____
2. phlebotomy _____
3. arterial anastomosis _____
4. cardiogenic shock _____
5. atheroma _____
6. arrhythmia _____
7. sphygmomanometer _____
8. stethoscope _____
9. mitral valvulitis _____
10. atherosclerosis _____
11. vasoconstriction _____
12. vasodilation _____

F Match the following pathologic conditions of the heart with their meanings below.

atrial septal defect	endocarditis	mitral valve prolapse
coarctation of the aorta	fibrillation	patent ductus arteriosus
congestive heart failure	flutter	pericarditis
coronary artery disease	hypertensive heart disease	tetralogy of Fallot

1. inflammation of the inner lining of the heart _____
2. rapid but regular atrial or ventricular contractions _____
3. small hole between the upper heart chambers; congenital anomaly _____
4. improper closure of the valve between the left atrium and ventricle during systole

5. blockage of the arteries surrounding the heart leading to ischemia _____
6. high blood pressure affecting the heart _____
7. rapid, random, ineffectual, and irregular contractions of the heart _____
8. inflammation of the sac surrounding the heart _____
9. inability of the heart to pump its required amount of blood _____
10. congenital malformation involving four separate heart defects _____
11. congenital narrowing of the large artery leading from the heart _____
12. a duct between the aorta and the pulmonary artery, which normally closes soon after birth,
remains open _____

G Give the meanings of the following terms.

1. heart block _____
2. cardiac arrest _____
3. palpitations _____
4. artificial cardiac pacemaker _____
5. thrombotic occlusion _____
6. angina _____
7. myocardial infarction _____
8. necrosis _____
9. infarction _____
10. ischemia _____
11. nitroglycerin _____
12. digoxin _____
13. bruit _____
14. thrill _____
15. acute coronary syndromes _____
16. pericardial friction rub _____
17. deep vein thrombosis _____
18. biventricular pacemaker _____

H Match the following terms with their descriptions.

aneurysm
auscultation
claudication
emboli

essential hypertension
murmur
peripheral arterial disease
petechiae

Raynaud disease
rheumatic heart disease
secondary hypertension
vegetations

1. lesions that form on heart valves after damage by infection _____
2. clots that travel to and suddenly block a blood vessel _____
3. small, pinpoint hemorrhages _____
4. an extra heart sound, heard between normal beats and caused by a valvular defect or condition that disrupts the smooth flow of blood through the heart _____
5. listening with a stethoscope _____
6. heart disease caused by rheumatic fever _____
7. high blood pressure in arteries when the etiology is idiopathic _____
8. high blood pressure related to kidney disease _____
9. episodes of ischemia with pallor and numbness in fingers and toes caused by a temporary constriction of arterioles in the skin _____
10. local widening of an artery _____
11. pain, tension, and weakness in a limb after walking has begun _____
12. blockage of arteries in the lower extremities; etiology is atherosclerosis _____

I Give short answers for the following.

1. Types of drugs used to treat acute coronary syndromes include _____.
2. When damaged valves in veins fail to prevent the backflow of blood, a condition (swollen, twisted vein) that results is _____.
3. Swollen, twisted veins in the rectal region are called _____.
4. Name the four defects in tetralogy of Fallot from their descriptions:
 - a. narrowing of the artery leading to the lungs from the heart _____
 - b. gap in the wall between the ventricles _____
 - c. the large vessel leading from the left ventricle moves over the interventricular septum _____
 - d. excessive development of the wall of the right lower heart chamber _____

J Select from the list of cardiac tests and procedures to complete the definitions below.

angiography (arteriography)

defibrillation

lipid tests (profile)

cardiac biomarkers

echocardiography

lipoprotein electrophoresis

cardiac MRI

electrocardiography

stress test

coronary artery bypass grafting

endarterectomy

thallium 201 scan

1. surgical removal of plaque from the inner lining of an artery _____
2. application of brief electrical discharges across the chest to stop ventricular fibrillation and pulseless ventricular tachycardia _____
3. measurement of levels of fatty substances (cholesterol and triglycerides) in the bloodstream _____
4. measurement of the heart's response to physical exertion (patient monitored while jogging on a treadmill) _____
5. measurement of troponin-T and troponin-I after myocardial infarction _____
6. injection of contrast into vessels and x-ray imaging _____
7. recording of the electricity in the heart _____
8. intravenous injection of a radioactive substance and measurement of its accumulation in heart muscle _____
9. use of echoes from high-frequency sound waves to produce images of the heart _____
10. separation of HDL and LDL from a blood sample _____
11. anastomosis of vessel grafts to existing coronary arteries to maintain blood supply to the myocardium _____
12. beaming of magnetic waves at the heart to produce images of its structure _____

K Give the meanings for the following terms.

1. digital subtraction angiography _____
2. heart transplantation _____
3. ETT-MIBI _____
4. Doppler ultrasound _____
5. Holter monitoring _____
6. thrombolytic therapy _____
7. extracorporeal circulation _____
8. cardiac catheterization _____
9. percutaneous coronary intervention _____
10. drug-eluting stent _____
11. electron beam computed tomography _____
12. CT angiography _____

L Identify the following cardiac dysrhythmias from their abbreviations.

1. AF _____
2. VT _____
3. VF _____
4. PVC _____
5. PAC _____

M Identify the following abnormal cardiac conditions from their abbreviations.

1. CHF _____
2. VSD _____
3. MI _____
4. PDA _____
5. MVP _____
6. AS _____
7. CAD _____
8. ASD _____

N Match the following abbreviations for cardiac tests and procedures with their explanations below.

BNP	ECMO	LDL
CRT	ETT	LVAD
cTnI or cTnT	ETT-MIBI	RFA
ECHO	ICD	TEE

- cardiac serum enzyme test for myocardial infarction _____
- booster pump implanted in the abdomen with a cannula leading to the heart as a “bridge to transplant” _____
- ultrasound imaging of the heart using transducer within the esophagus _____
- device implanted in the chest that senses and corrects arrhythmias by shocking the heart _____
- catheter delivery of a high-frequency current to damage a small portion of the heart muscle and reverse an abnormal heart rhythm _____
- procedure to determine the heart’s response to physical exertion (stress) _____
- cardiac imaging using high-frequency sound waves pulsed through the chest wall and bounced off heart structures _____
- radioactive test of heart function with stress test _____
- technique using heart-lung machine to divert blood from the heart and lungs while the heart is being repaired _____
- biventricular pacing to correct serious abnormal ventricular rhythms _____
- lipoprotein sample is measured _____
- brain chemical measured to identify patients at risk for complications after MI and with CHF _____

O Spell the term correctly from its definition.

- pertaining to the heart: _____ary
- not a normal heart rhythm: arr_____
- abnormal condition of blueness: _____osis
- relaxation phase of the heartbeat: _____tole
- chest pain: _____ pectoris
- inflammation of a vein: _____itis
- widening of a vessel: vaso_____
- enlargement of the heart: cardio_____
- hardening of arteries with fatty plaque: _____sclerosis
- swollen veins in the rectal region: _____oids

P Match the following terms with their meanings below.

aneurysmorrhaphy
atherectomy
BNP test
CABG

catheter ablation
embolectomy
endarterectomy
PCI

pericardiocentesis
STEMI
thrombolytic therapy
valvotomy

1. incision of a heart valve _____
2. removal of a clot that has traveled into a blood vessel and suddenly caused occlusion

3. coronary artery bypass grafting (to relieve ischemia) _____
4. surgical puncture to remove fluid from the pericardial space _____
5. insertion of a balloon-tipped catheter and stents into a coronary artery _____
6. removal of the inner lining of an artery to make it wider _____
7. suture (repair) of a ballooned-out portion of an artery _____
8. removal of plaque from an artery _____
9. type of acute coronary syndrome _____
10. use of streptokinase and tPA to dissolve clots _____
11. brief delivery of radiofrequency energy destroys areas of heart tissue to treat arrhythmias

12. measures a peptide elevated in patients with heart failure _____

Q Select the boldface term that best completes each sentence.

1. Bill was having pain in his chest that radiated up his neck and down his arm. He called his family physician, who thought Bill should report to the local hospital's emergency department (ED) immediately. The first test performed in the ED was a/an **(stress test, ECG, CABG)**.
2. Dr. Kelly explained to the family that their observation of the bluish color of baby Charles's skin helped her make the diagnosis of a/an **(thrombotic, aneurysmal, septal)** defect in the baby's heart, which needed immediate attention.
3. Mr. Duggan had a fever of unknown origin. When the doctors completed an echocardiogram and saw vegetations on his mitral valve, they suspected **(bacterial endocarditis, hypertensive heart disease, angina)**.
4. Claudia's hands turned red, almost purple, whenever she went out into the cold or became stressed. Her physician thought it might be wise to evaluate her for **(varicose veins, Raynaud disease, intermittent claudication)**.
5. Daisy's heart felt like it was skipping beats every time she drank coffee. Her physician suggested that she wear a/an **(Holter monitor, LVAD, CABG)** for 24 hours to assess the nature of the arrhythmia.

6. Paola's father and grandfather died of heart attacks. Her physician tells her that she has inherited a tendency to accumulate fats in her bloodstream. Blood tests reveal high levels of (**enzymes, lipids, nitroglycerin**). Discussing her family history with her (**gynecologist, hematologist, cardiologist**), she understands that she has familial (**hypcholesterolemia, hypercholesterolemia, cardiomyopathy**).
7. While exercising, Bernard experienced a pain (cramp) in his calf muscle. The pain disappeared when he was resting. After performing (**Holter monitoring, Doppler ultrasound, echocardiography**) on his leg to assess blood flow, Dr. Shaw found (**stenosis, fibrillation, endocarditis**), indicating poor circulation. She recommended a daily exercise program, low-fat diet, careful foot care, and antiplatelet drug therapy to treat Bernard's intermittent (**palpitations, hypertension, claudication**).
8. Carol noticed that her 6-week-old son Louis had a slightly bluish or (**jaundiced, cyanotic, diastolic**) coloration to his skin. She consulted a pediatric (**dermatologist, hematologist, cardiologist**), who performed (**echocardiography, PET scan, endarterectomy**) and diagnosed Louis's condition as (**endocarditis, congestive heart disease, tetralogy of Fallot**).
9. Seventy-eight-year-old John Smith has had coronary artery disease and high blood pressure for the past 10 years. His history included an acute heart attack, or (**MI, PDA, CABG**). He often was tired and complained of (**dyspnea, nausea, migraine headaches**) and swelling in his ankles. His physician diagnosed his condition as (**aortic aneurysm, congestive heart failure, congenital heart disease**) and recommended restricted salt intake, diuretics, and an (**ACE inhibitor, antibiotic, analgesic**).
10. Sarah had a routine checkup that included (**auscultation, vasoconstriction, vasodilation**) of her chest with a (**catheter, stent, stethoscope**) to listen to her heart. Her physician noticed a midsystolic murmur characteristic of (**DVT, MVP, LDL**). An echocardiogram confirmed the diagnosis.

ANSWERS TO EXERCISES

A

- | | | |
|--------------------|-----------------------|------------------------|
| 1. tricuspid valve | 5. superior vena cava | 9. mitral valve |
| 2. capillary | 6. atrium | 10. inferior vena cava |
| 3. pulmonary vein | 7. pulmonary artery | 11. venule |
| 4. aorta | 8. arteriole | 12. ventricle |

B

- | | | |
|--------------------|----------------------------|--------------------|
| 1. right atrium | 5. pulmonary artery | 9. mitral valve |
| 2. tricuspid valve | 6. capillaries of the lung | 10. left ventricle |
| 3. right ventricle | 7. pulmonary veins | 11. aortic valve |
| 4. pulmonary valve | 8. left atrium | 12. aorta |

C

- | | | |
|---|--------------------------------------|---|
| 1. sinoatrial (SA) node | 6. endocardium | 10. visceral pericardium (the outer lining is the parietal pericardium) |
| 2. pericardium | 7. systole | 11. murmur |
| 3. interatrial septum | 8. carbon dioxide (CO ₂) | 12. pulse |
| 4. diastole | 9. atrioventricular (AV) node | |
| 5. atrioventricular bundle or bundle of His | | |

D

- | | | |
|---------------------|-------------------------|---------------------|
| 1. arteriosclerosis | 5. tachycardia | 9. hypoxia |
| 2. cardiomyopathy | 6. bradycardia | 10. atrial |
| 3. cardiomegaly | 7. hypercholesterolemia | 11. mitral stenosis |
| 4. phlebitis | 8. valvuloplasty | 12. thrombolysis |

E

- | | | |
|--|--|--|
| 1. bluish discoloration of the skin owing to deficient oxygen in the blood | 5. mass of yellowish plaque (fatty substance) | 9. inflammation of the mitral valve |
| 2. incision of a vein | 6. abnormal heart rhythm | 10. hardening of arteries with a yellowish, fatty substance (plaque) |
| 3. new connection between arteries | 7. instrument to measure blood pressure | 11. narrowing of a vessel |
| 4. circulatory failure due to poor heart function | 8. instrument to listen to sounds within the chest | 12. widening of a vessel |

F

- | | | |
|--------------------------|-------------------------------|------------------------------|
| 1. endocarditis | 5. coronary artery disease | 9. congestive heart failure |
| 2. flutter | 6. hypertensive heart disease | 10. tetralogy of Fallot |
| 3. atrial septal defect | 7. fibrillation | 11. coarctation of the aorta |
| 4. mitral valve prolapse | 8. pericarditis | 12. patent ductus arteriosus |

G

- | | | |
|---|--|--|
| 1. failure of proper conduction of impulses through the AV node to the atrioventricular bundle (bundle of His) | 7. area of necrosis (tissue death in the heart muscle; heart attack) | 14. vibration felt on palpation of the chest |
| 2. sudden unexpected stoppage of heart action | 8. abnormal condition of death (dead tissue) | 15. consequences of plaque rupture in coronary arteries; MI and unstable angina |
| 3. uncomfortable sensations in the chest associated with arrhythmias | 9. damage or death of tissue due to deprivation of oxygen | 16. scraping or grating noise on auscultation of heart; indicates pericarditis |
| 4. battery-operated device that is placed in the chest and wired to send electrical current to the heart to establish a normal sinus rhythm | 10. blood is held back from an area of the body | 17. clot formation in a large vein, usually in lower limb |
| 5. blockage of a vessel by a clot | 11. nitrate drug used in the treatment of angina | 18. device enabling ventricles to beat in synchrony; cardiac resynchronization therapy |
| 6. chest pain resulting from insufficient oxygen being supplied to the heart muscle (ischemia) | 12. drug that treats arrhythmias and strengthens the heartbeat | |
| | 13. abnormal sound (murmur) heard on auscultation | |

H

- | | | |
|----------------|----------------------------|---------------------------------|
| 1. vegetations | 5. auscultation | 9. Raynaud disease |
| 2. emboli | 6. rheumatic heart disease | 10. aneurysm |
| 3. petechiae | 7. essential hypertension | 11. claudication |
| 4. murmur | 8. secondary hypertension | 12. peripheral arterial disease |

I

- | | | |
|--|-------------------|---------------------------------------|
| 1. beta-blockers, ACE inhibitors, statins, aspirin, calcium channel blockers | 2. varicose veins | 4. a. pulmonary artery stenosis |
| | 3. hemorrhoids | b. ventricular septal defect |
| | | c. shift of the aorta to the right |
| | | d. hypertrophy of the right ventricle |

J

- | | | |
|--------------------------|--------------------------------|-------------------------------------|
| 1. endarterectomy | 5. cardiac biomarkers | 9. echocardiography |
| 2. defibrillation | 6. angiography (arteriography) | 10. lipoprotein electrophoresis |
| 3. lipid tests (profile) | 7. electrocardiography | 11. coronary artery bypass grafting |
| 4. stress test | 8. thallium 201 scan | 12. cardiac MRI |

K

1. Video equipment and a computer produce x-ray pictures of blood vessels by taking two pictures (without and with contrast) and subtracting the first image (without contrast) from the second.
2. A donor heart is transferred to a recipient.
3. Exercise tolerance test combined with a radioactive tracer scan.
4. An instrument that focuses sound waves on a blood vessel to measure blood flow.
5. A compact version of an electrocardiograph is worn during a 24-hour period to detect cardiac arrhythmias.
6. Treatment with drugs (streptokinase and tPA) to dissolve clots after a heart attack.
7. A heart-lung machine is used to divert blood from the heart and lungs during surgery. The machine oxygenates the blood and sends it back into the bloodstream.
8. A catheter (tube) is inserted into an artery or vein and threaded into the heart chambers. Contrast can be injected to take x-ray pictures, patterns of blood flow can be detected, and blood pressures can be measured.
9. A balloon-tipped catheter is inserted into a coronary artery to open the artery; stents are put in place.
10. Stents are expandable slotted tubes that are placed in arteries during PCI. They release polymers that prevent plaque from reforming.
11. Electron beams and CT identify calcium deposits in and around coronary arteries to diagnose CAD.
12. X-ray images of the heart and coronary arteries obtained using CT technology.

L

1. atrial fibrillation
2. ventricular tachycardia
3. ventricular fibrillation
4. premature ventricular contraction
5. premature atrial contraction

M

1. congestive heart failure
2. ventricular septal defect
3. myocardial infarction
4. patent ductus arteriosus
5. mitral valve prolapse
6. aortic stenosis
7. coronary artery disease
8. atrial septal defect

N

1. cTnI or cTnT: cardiac troponin-I and troponin-T
2. LVAD: left ventricular assist device
3. TEE: transesophageal echocardiography
4. ICD: implantable cardioverter-defibrillator
5. RFA: radiofrequency catheter ablation
6. ETT: exercise tolerance test
7. ECHO: echocardiography
8. ETT-MIBI: exercise tolerance test with sestamibi scan
9. ECMO: extracorporeal membrane oxygenation
10. CRT: cardiac resynchronization therapy
11. LDL: low-density lipoprotein; high levels indicate risk for CAD
12. BNP: brain natriuretic peptide

O

1. coronary
2. arrhythmia
3. cyanosis
4. diastole
5. angina pectoris
6. phlebitis
7. vasodilation
8. cardiomegaly
9. atherosclerosis
10. hemorrhoids

P

1. valvotomy
2. embolectomy
3. CABG
4. pericardiocentesis
5. PCI
6. endarterectomy
7. aneurysmorrhaphy
8. atherectomy
9. STEMI (ST segment elevation myocardial infarction)
10. thrombolytic therapy
11. catheter ablation
12. BNP test

Q

1. ECG
2. septal
3. bacterial endocarditis
4. Raynaud disease
5. Holter monitor
6. lipids; cardiologist; hypercholesterolemia
7. Doppler ultrasound; stenosis; claudication
8. cyanotic; cardiologist; echocardiography; tetralogy of Fallot
9. MI; dyspnea; congestive heart failure; ACE inhibitor
10. auscultation; stethoscope; MVP

Answers to Practical Applications**Operating Room Schedule**

- | | | |
|------|------|-------|
| 1. E | 5. D | 8. J |
| 2. C | 6. A | 9. G |
| 3. H | 7. B | 10. F |
| 4. I | | |

Clinical Cases: What's Your Diagnosis?*Case 1*

1. b

Case 2

1. d
2. a
3. b

Case 3

1. d
2. a

**PRONUNCIATION OF TERMS**

To test your understanding of the terminology in this chapter, write the meaning of each term in the space provided. In addition, you may wish to cover the terms and write them by looking at your definitions. Make sure your spelling is correct. The page number after each term indicates where it is defined or used in the book, so you can easily check your responses. You will find complete definitions for all of these terms and their audio pronunciations on the Evolve website.

Pronunciation Guide

- | | |
|--------------|------------------|
| ā as in āpe | ă as in ăpple |
| ē as in ēven | ě as in ěvery |
| ī as in īce | ĩ as in ĩnterest |
| ō as in ōpen | ö as in pöt |
| ū as in ūnit | ű as in űnder |

Vocabulary and Terminology

TERM	PRONUNCIATION	MEANING
angiogram (409)	ĂN-jē-ō-grām	_____
angioplasty (409)	ĂN-jē-ō-plās-tē	_____
anoxia (411)	ă-NÖK-sē-ă	_____
aorta (408)	ă-ÖR-tă	_____
aortic stenosis (409)	ă-ÖR-tik stē-NÖ-sīs	_____
apex of the heart (408)	Ā-pēks of the hărt	_____
arrhythmia (411)	ă-RĪTH-mē-ă	_____
arterial anastomosis (409)	ăr-TĒ-rē-ăl ă-nās-tō-MŌ-sīs	_____
arteriography (409)	ăr-tē-rē-ÖG-ră-fē	_____
arteriole (408)	ăr-TĒ-rē-öl	_____
arteriosclerosis (409)	ăr-tē-rē-ō-sklě-RŌ-sīs	_____
artery (408)	ĂR-tē-rē	_____
atherectomy (410)	ă-thě-RĚK-tō-mē	_____
atheroma (410)	ăth-ěr-Ō-mă	_____
atherosclerosis (410)	ăth-ěr-ō-sklě-RŌ-sīs	_____

TERM	PRONUNCIATION	MEANING
atrial (410)	Ā-trē-ăl	_____
atrioventricular bundle (408)	ā-trē-ō-vĕn-TRĪK-ū-lār BŮN-dl	_____
atrioventricular node (408)	ā-trē-ō-vĕn-TRĪK-ū-lār nōd	_____
atrium; atria (408)	Ā-trē-ŭm; Ā-trē-ă	_____
brachial artery (410)	BRĀ-kē-ăl ĀR-tĕ-rē	_____
bradycardia (410)	brād-ē-KĀR-dē-ă	_____
bundle of His (408)	BŮN-dl of Hĭss	_____
capillary (408)	KĀP-ĭ-lār-ē	_____
carbon dioxide (408)	KĀR-bōn dī-ŌK-sīd	_____
cardiogenic shock (410)	kār-dē-ō-JĔN-ĭk shōk	_____
cardiomegaly (410)	kār-dē-ō-MĚG-ă-lē	_____
cardiomyopathy (410)	kār-dē-ō-mī-ŌP-ă-thē	_____
coronary arteries (408)	KŌR-ō-nār-ē ĀR-tĕ-rēz	_____
cyanosis (411)	sī-ă-NŌ-sīs	_____
deoxygenated blood (408)	dē-ŌK-sī-jĕ-NĀ-tĕd blūd	_____
diastole (408)	dī-ĀS-tō-lē	_____
electrocardiogram (408)	ĕ-lĕk-trō-KĀR-dē-ō-grām	_____
endocardium (408)	ĕn-dō-KĀR-dē-ŭm	_____
endothelium (408)	ĕn-dō-THĔ-lē-um	_____
hypercholesterolemia (410)	hī-pĕr-kō-lĕs-tĕr-ōl-Ē-mē-ă	_____
hypoxia (411)	hī-PŌK-sē-ă	_____
interventricular septum (412)	ĭn-tĕr-vĕn-TRĪK-ū-lār SĔP-tŭm	_____
mitral valve (408)	MĪ-trāl vālv	_____
mitral valvulitis (412)	MĪ-trāl vāl-vū-LĪ-tīs	_____
myocardium (408)	mī-ō-KĀR-dē-ŭm	_____
myxoma (411)	mĭk-SŌ-mă	_____
normal sinus rhythm (408)	NŌR-māl SĪ-nus Rĭ-thĕm	_____
oxygen (408)	ŌK-sī-jĕn	_____
pacemaker (408)	PĀS-mă-kĕr	_____
pericardiocentesis (411)	pĕr-ĭ-kār-dē-ō-sĕn-TĔ-sīs	_____
pericardium (408)	pĕr-ĭ-KĀR-dē-ŭm	_____

TERM	PRONUNCIATION	MEANING
phlebotomy (411)	flě-BŎT-ō-mě	_____
pulmonary artery (408)	PŮL-mō-něr-ě ĀR-těr-ě	_____
pulmonary circulation (408)	PŮL-mō-něr-ě sěr-kū-LĀ-shŭn	_____
pulmonary valve (409)	PŮL-mō-něr-ě vǎlv	_____
pulmonary vein (409)	PŮL-mō-něr-ě vān	_____
pulse (409)	pŭls	_____
septum; septa (409)	SĚP-tŭm; SĚP-tǎ	_____
sinoatrial node (409)	sī-nō-Ā-trē-āl nōd	_____
sphygmomanometer (409)	sfīg-mō-mǎ-NŎM-ě-těr	_____
stethoscope (411)	STĚTH-ō-skōp	_____
systemic circulation (409)	sīs-TĚM-ĭk sěr-kū-LĀ-shŭn	_____
systole (409)	SĪS-tō-lě	_____
tachycardia (410)	tǎk-ě-KĀR-dě-ǎ	_____
thrombolysis (411)	thrŏm-BŎL-ĭ-sīs	_____
thrombophlebitis (411)	thrŏm-bŏ-flě-BĪ-tīs	_____
tricuspid valve (409)	trī-KŮS-pĭd vǎlv	_____
valve (409)	vǎlv	_____
valvotomy (412)	vǎl-VŎT-ō-mě	_____
valvuloplasty (412)	vǎl-vŭ-lŏ-PLĀS-tě	_____
vascular (412)	VĀS-kū-lǎr	_____
vasoconstriction (412)	vǎz-ŏ-kŏn-STRĪK-shŭn	_____
vasodilation (412)	vǎz-ŏ-dī-LĀ-shŭn	_____
vein (409)	vān	_____
vena cava; venae cavae (409)	VĚ-nǎ KĀ-vǎ; VĚ-nē KĀ-vē	_____
venipuncture (412)	vě-nĭ-PŮNK-chŭr	_____
venous (412)	VĚ-nŭs	_____
ventricle (409)	VĚN-trĭ-kl	_____
venule (409)	VĚN-ŭl	_____

Pathology, Laboratory Tests, and Clinical Procedures

TERM	PRONUNCIATION	MEANING
ACE inhibitor (424)	ĀCE in-HĪB-ĭ-tōr	_____
acute coronary syndromes (424)	ă-KŪT kōr-ō-NĀR-ē SĪN-drōmz	_____
aneurysm (421)	ĀN-ū-rĭzm	_____
angina (424)	ăn-JĪ-nă or ĀN-jĭ-nă	_____
angiography (425)	ăn-jē-ÖG-ră-fē	_____
atrioventricular block (412)	ā-trē-ō-vĕn-TRĪK-ū-lăr blōk	_____
atrial fibrillation (414)	Ā-trē-ăl fib-rĭ-LĀ-shŭn	_____
auscultation (424)	ăw-skŭl-TĀ-shŭn	_____
beta-blocker (424)	BĀ-tă-BLÖK-ěr	_____
biventricular pacemaker (424)	bĭ-vĕn-TRĪK-ū-lăr PĀS-mă-kěr	_____
BNP test (425)	BNP tĕst	_____
bruit (424)	BRŪ-ē	_____
calcium channel blocker (424)	KĀL-sē-ŭm CHĀ-nĕl BLÖK-ěr	_____
cardiac arrest (424)	KĀR-dē-ăk ā-RĚST	_____
cardiac catheterization (428)	KĀR-dē-ăk kăth-ē-tĕr-ĭ-ZĀ-shŭn	_____
cardiac MRI (428)	KĀR-dē-ăk MRI	_____
cardiac biomarkers (425)	KĀR-dē-ăk BĪ-ō-mar-kerz	_____
cardiac tamponade (424)	KĀR-dē-ăk tām-pō-NÖD	_____
cardioversion (430)	kăr-dē-ō-VĚR-zhŭn	_____
catheter ablation (430)	KĀTH-ē-tĕr ăb-LĀ-shŭn	_____
claudication (424)	klăw-dē-KĀ-shŭn	_____
coarctation of the aorta (415)	kō-ărk-TĀ-shŭn of the ā-ÖR-tă	_____
computed tomography angiography (426)	kôm-PŪ-tĕd tō-MÖG-ră-fē ăn-jē-ÖG-ră-fē	_____
congenital heart disease (415)	kôn-GĚN-ĭ-tăl hărt dĩ-ZĚZ	_____
congestive heart failure (417)	kôn-GĚS-tĭv hărt FĀL-ŭr	_____
coronary artery disease (417)	kōr-ō-NĀR-ē ĀR-tĕ-rē dĩ-ZĚZ	_____
coronary artery bypass grafting (430)	kōr-ō-NĀR-ē ĀR-tĕ-rē BĪ-păs GRĀF-tĭng	_____
deep vein thrombosis (422)	dĕp vān thrōm-BŌ-sĭs	_____
defibrillation (430)	dē-fib-rĭ-LĀ-shun	_____

TERM	PRONUNCIATION	MEANING
digoxin (424)	dĭ-JÖK-sĭn	_____
digital subtraction angiography (426)	DĪJ-ĭ-tăl sŭb-TRÄK-shŭn än-jē-ÖG-ră-fē	_____
Doppler ultrasound (426)	DÖP-lër ŬL-tră-sönd	_____
dysrhythmia (412)	dĭs-RĪTH-mē-ă	_____
echocardiography (427)	ĕk-ō-kăr-dē-ÖG-ră-fē	_____
electrocardiography (428)	ē-lĕk-trō-kăr-dē-ÖG-ră-fē	_____
electron beam computed tomography (426)	ē-LĒK-trŏn bēm kôm-PŪ-tĕd tō-MÖG-ră-fē	_____
embolus; emboli (424)	ĔM-bō-lŭs; ĔM-bō-lĭ	_____
endarterectomy (431)	ĕnd-ăr-tĕr-ĔK-tō-mē	_____
endocarditis (420)	ĕn-dō-kăr-DĪ-tĭs	_____
extracorporeal circulation (431)	ĕks-tră-kŏr-PÖR-ē-ăl sĕr-kŭ-LĀ-shŭn	_____
fibrillation (414)	fĭb-rĭ-LĀ-shŭn	_____
flutter (414)	FLŬ-tĕr	_____
heart block (412)	hărt blŏk	_____
heart transplantation (431)	hărt trănz-plăn-TĀ-shŭn	_____
hemorrhoids (423)	HĔM-ō-roydz	_____
Holter monitoring (429)	HÖL-tĕr MÖN-ĭ-tĕ-rĭng	_____
hypertension (422)	hĭ-pĕr-TĔN-shŭn	_____
hypertensive heart disease (420)	hĭ-pĕr-TĔN-sĭv hărt dĭ-ZĔZ	_____
implantable cardioverter-defibrillator (414)	ĭm-PLĀNT-ă-bŭl kăr-dē-ō-VĔR- tĕr dē-FĪB-rĭ-lă-tŏr	_____
infarction (424)	ĭn-FÄRK-shŭn	_____
ischemia (423)	ĭs-KĔ-mē-ă	_____
left ventricular assist device (417)	lĕft vĕn-TRĪ-kŭ-lăr ă-SĪST dē-VĪS	_____
lipid tests (425)	LĪ-pĭd tĕsts	_____
lipoprotein electrophoresis (425)	li-pō-PRŌ-tĕn ē-lĕk-trō-fŏr-Ĕ-sĭs	_____
mitral stenosis (421)	MĪ-trăl stĕ-NŌ-sĭs	_____
mitral valve prolapse (420)	MĪ-trăl vălv PRŌ-laps	_____
murmur (420)	MŬR-mĕr	_____

TERM	PRONUNCIATION	MEANING
myocardial infarction (418)	mī-ō-KĀR-dē-āl in-FĀRK-shŭn	_____
nitrates (424)	nī-TRĀTZ	_____
nitroglycerin (424)	nī-trō-GLĪS-ēr-in	_____
occlusion (424)	ō-KLŪ-jŭn	_____
palpitations (424)	pāl-pī-TĀ-shŭnz	_____
patent (424)	PĀ-tĕnt	_____
patent ductus arteriosus (415)	PĀ-tĕnt DŮK-tŭs ār-tēr-ē-Ō-sŭs	_____
percutaneous coronary intervention (431)	pĕr-kŭ-TĀ-nē-ŭs KÖR-ō-nār-ē in-tēr-VĒN-shŭn	_____
pericardial friction rub (424)	pĕr-ī-KĀR-dē-āl FRĪK-shŭn rūb	_____
pericarditis (420)	pĕr-ī-kār-DĪ-tīs	_____
peripheral arterial disease (422)	pĕ-RĪ-fēr-āl ār-TĒ-rē-āl dī-ZĒZ	_____
petechiae (424)	pĕ-TĒ-kē-ē	_____
positron emission tomography (427)	pös-ī-tron ē-MĪSH-un tō-MÖG-rā-fē	_____
Raynaud disease (423)	rā-NŌ dī-ZĒZ	_____
rheumatic heart disease (421)	roo-MĀT-ik hārt dī-ZĒZ	_____
septal defects (416)	SĔP-tāl DĒ-fĕkts	_____
statins (424)	STĀ-tĭnz	_____
stress test (429)	STRĔS tĕst	_____
telemetry (428)	tĕl-ĒM-ĕ-trē	_____
tetralogy of Fallot (416)	tĕ-TRĀL-ō-jē of fā-LŌ	_____
technetium Tc99m sestamibi scan (427)	tĕk-NĒ-shē-ŭm Tc99m sēs-tā-MĪ-bē skān	_____
thallium 201 scan (427)	THĀL-ē-um 201 skān	_____
thrill (424)	thrĭl	_____
thrombolytic therapy (432)	thröm-bō-LĪ-tĭk THĔ-rā-pē	_____
thrombotic occlusion (418)	thröm-BÖT-ĭk ō-KLŪ-zhĕn	_____
transcatheter aortic valve replacement (432)	trānz-KĀTH-ĕ-tēr ā-ÖR-tĭk valve rē-PLĀS-mĕnt	_____
varicose veins (423)	VĀR-ī-kōs vānz	_____
vegetations (424)	vĕj-ĕ-TĀ-shŭnz	_____



REVIEW SHEET

Write the meanings of each word part in the space provided. Check your answers with the information in the chapter or in the Glossary (Medical Word Parts—English) at the end of the book.

Combining Forms

COMBINING FORM	MEANING	COMBINING FORM	MEANING
aneurysm/o	_____	ox/o	_____
angi/o	_____	pericardi/o	_____
aort/o	_____	phleb/o	_____
arter/o, arteri/o	_____	pulmon/o	_____
ather/o	_____	rrhythm/o	_____
atri/o	_____	sphygm/o	_____
axill/o	_____	steth/o	_____
brachi/o	_____	thromb/o	_____
cardi/o	_____	valv/o	_____
cholesterol/o	_____	valvul/o	_____
coron/o	_____	vas/o	_____
cyan/o	_____	vascul/o	_____
isch/o	_____	ven/o, ven/i	_____
my/o	_____	ventricul/o	_____
myx/o	_____		

Suffixes

SUFFIX	MEANING	SUFFIX	MEANING
-constriction	_____	-oma	_____
-dilation	_____	-osis	_____
-emia	_____	-plasty	_____
-graphy	_____	-sclerosis	_____
-lysis	_____	-stenosis	_____
-megaly	_____	-tomy	_____
-meter	_____		

Prefixes

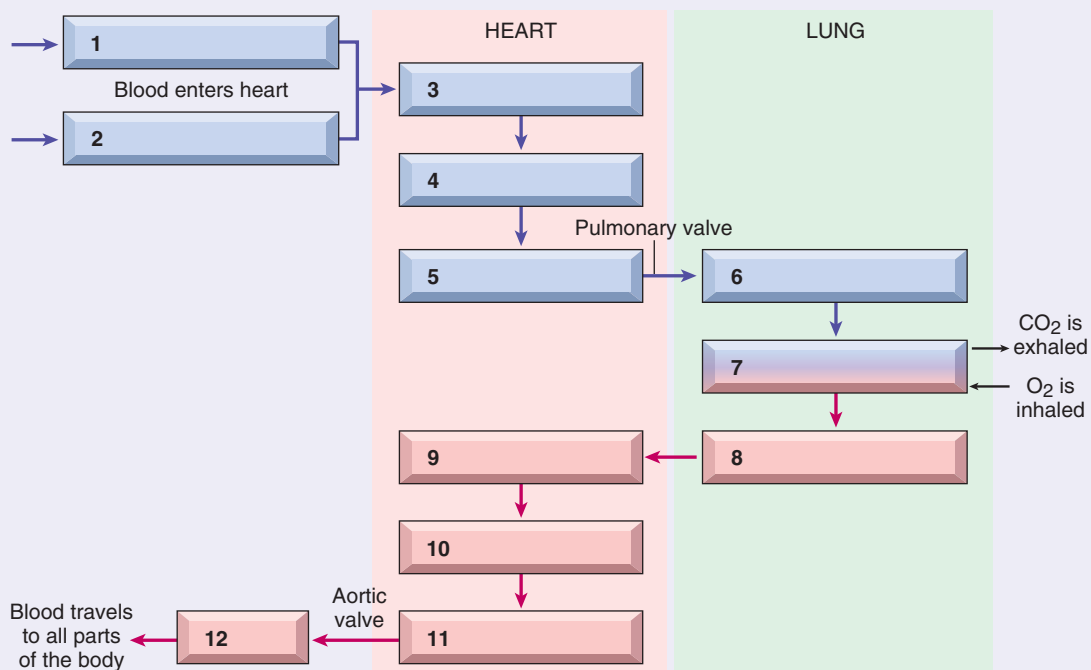
PREFIX	MEANING	PREFIX	MEANING
a-, an-	_____	hypo-	_____
brady-	_____	inter-	_____
de-	_____	peri-	_____
dys-	_____	tachy-	_____
endo-	_____	tetra-	_____
hyper-	_____	tri-	_____

Use the following terms to complete the chart below.

aorta
inferior vena cava
left atrium
left ventricle

lung capillaries
mitral valve
pulmonary artery
pulmonary vein

right atrium
right ventricle
superior vena cava
tricuspid valve





CHAPTER 12

Respiratory System

This chapter is divided
into the following sections:

Introduction, 458

Anatomy and Physiology of Respiration, 458

Vocabulary, 462

Terminology, 463

Pathology, 469

Clinical Procedures, 476

Abbreviations, 481

Practical Applications, 482

In Person: Pneumonia, 484

Exercises, 485

Answers to Exercises, 492

Pronunciation of Terms, 494

Review Sheet, 499

CHAPTER GOALS

- Name the organs of the respiratory system and their location and function.
- Identify pathologic conditions that affect the respiratory system.
- Learn medical terms that pertain to respiration.
- Describe important clinical procedures related to the respiratory system, and recognize relevant abbreviations.
- Apply your new knowledge to understanding medical terms in their proper contexts, such as medical reports and records.

INTRODUCTION

We usually think of **respiration** as the mechanical process of breathing, the exchange of air between the lungs and the external environment. This exchange of air at the lungs is called **external respiration**. In external respiration, oxygen is inhaled (inhaled air contains about 21% oxygen) into the air spaces (sacs) of the lungs and immediately passes into tiny blood vessels (capillaries) surrounding the air spaces. Simultaneously, carbon dioxide, a gas produced when oxygen and food combine in cells, passes from the capillary blood vessels into the air spaces of the lungs to be exhaled.

Whereas external respiration occurs between the outside environment and the capillary blood of the lungs, another form of respiration occurs simultaneously between the individual body cells and the tiny capillary blood vessels that surround them. This is **internal (cellular) respiration**, which involves an exchange of gases at the level of the cells within all organs of the body. Here, oxygen passes out of the capillaries into tissue cells. At the same time, carbon dioxide passes from tissue cells into the capillaries to travel to the lungs for exhalation.

ANATOMY AND PHYSIOLOGY OF RESPIRATION

Label Figure 12-1 as you read the following paragraphs.

Air enters the body via the **nose** [1] through two openings called nostrils or **nares**. Air then passes through the **nasal cavity** [2], lined with a mucous membrane and fine hairs (**cilia**) to help filter out foreign bodies, as well as to warm and moisten the air. **Paranasal sinuses** [3] are hollow, air-containing spaces within the skull that communicate with the nasal cavity. They, too, have a mucous membrane lining. Besides producing mucus, a lubricating fluid, the sinuses lighten the bones of the skull and help produce sound.

After passing through the nasal cavity, the air next reaches the **pharynx (throat)**. There are three divisions of the pharynx. The first is the **nasopharynx** [4]. It contains the **pharyngeal tonsils**, or **adenoids** [5], which are collections of lymphatic tissue. They are more prominent in children and, if enlarged, can obstruct air passageways. Below the nasopharynx and closer to the mouth is the second division of the pharynx, the **oropharynx** [6]. The **palatine tonsils** [7], two rounded masses of lymphatic tissue, are in the oropharynx. The third division of the pharynx, the **laryngopharynx** [8], serves as a common passageway for food from the mouth and air from the nose. It divides into the **larynx (voice box)** [9] and the **esophagus** [10].

The esophagus leads into the stomach and carries food to be digested. The larynx contains the vocal cords and is surrounded by pieces of cartilage for support. The thyroid cartilage is the largest and in men is commonly referred to as the Adam's apple. As expelled air passes the vocal cords, they vibrate to produce sounds. The tension of the vocal cords determines the high or low pitch of the voice.

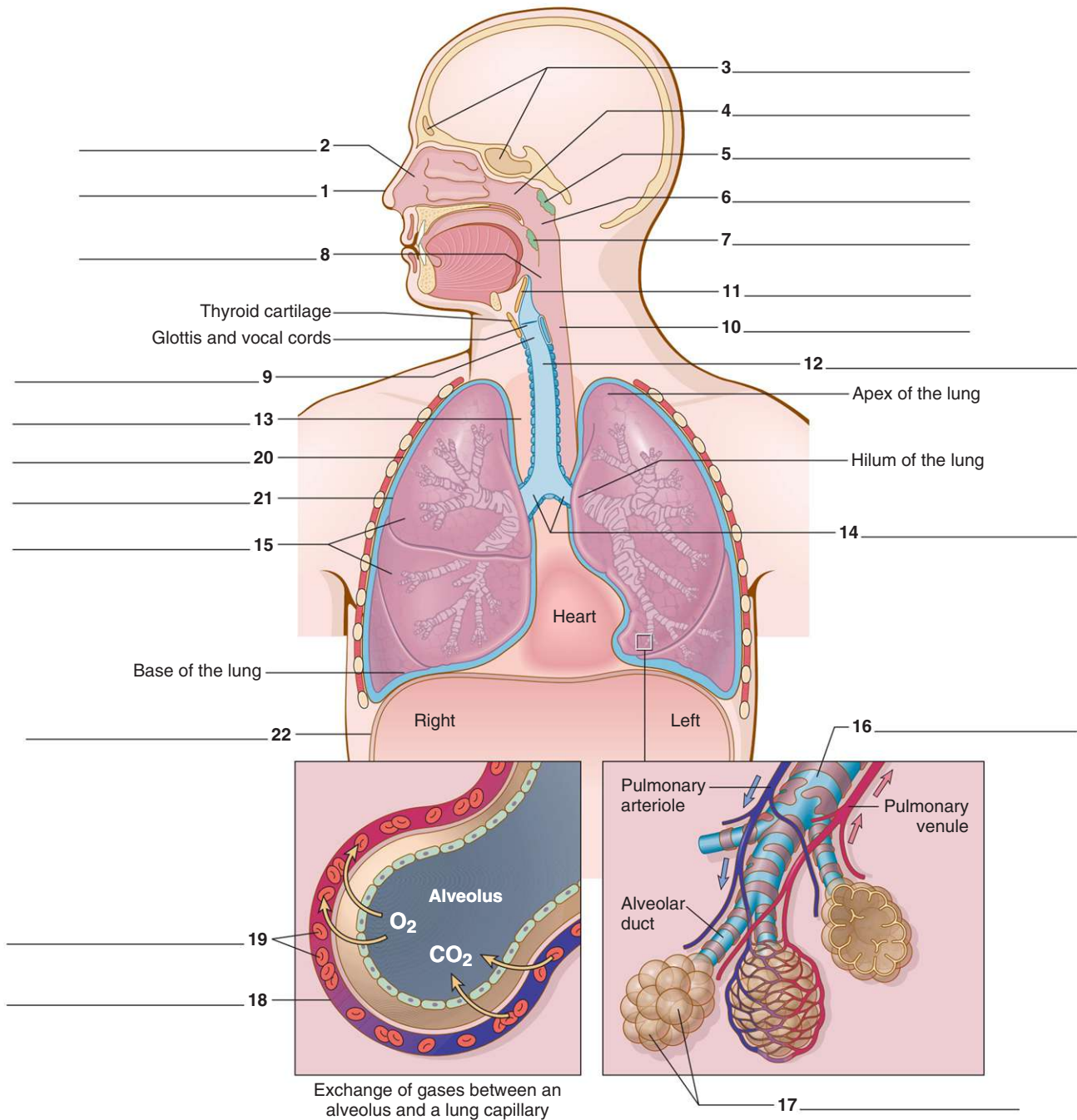


FIGURE 12-1 Organs of the respiratory system.

Because food entering from the mouth and air entering from the nose mix in the pharynx, what prevents food or drink from entering the larynx and respiratory system during swallowing? Even if a small quantity of solid or liquid matter finds its way into the air passages, aspirated food can cause irritation in the lungs and breathing can stop. The **epiglottis** [11], a flap of cartilage attached to the root of the tongue, prevents choking or aspiration of food. It acts as a lid over the opening of the larynx. During swallowing, when food and liquid move through the throat, the epiglottis closes over the larynx, preventing material from entering the lungs. Figure 12-2 shows the larynx from a superior view.

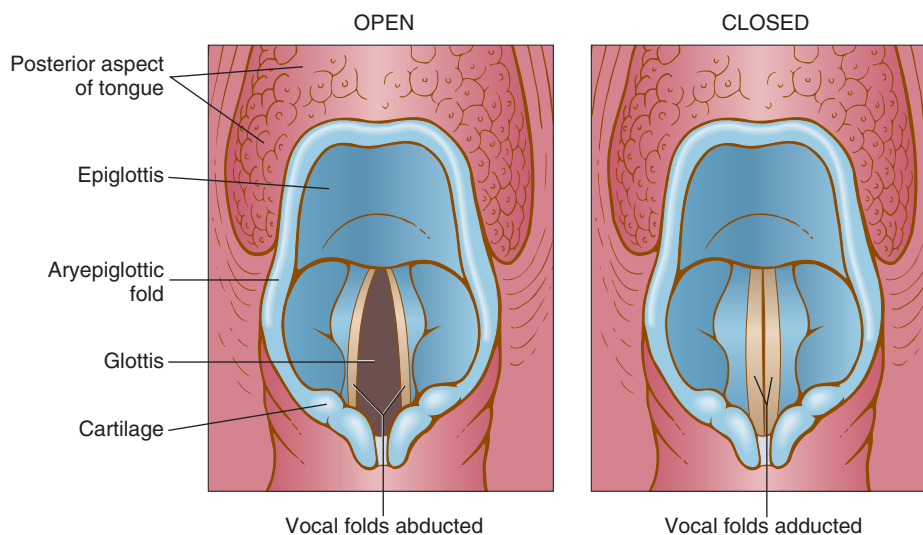


FIGURE 12-2 The larynx, viewed from above (superior view).

On its way to the lungs, air passes through the larynx to the **trachea (windpipe)** [12], a vertical tube about 4½ inches long and 1 inch in diameter. The trachea is kept open by 16 to 20 C-shaped rings of cartilage separated by fibrous connective tissue that stiffen the front and sides of the tube.

In the region of the **mediastinum** [13], the trachea divides into two branches, the right and left **bronchial tubes**, or **bronchi** [14] (*singular: bronchus*). The bronchi are tubes composed of delicate epithelium surrounded by cartilage rings and a muscular wall. Each bronchus leads to a separate **lung** [15] where it divides and subdivides into smaller and finer tubes, somewhat like the branches of a tree.

The small bronchial branches are the **bronchioles**. Each **terminal bronchiole** [16] narrows into alveolar ducts, which end in collections of air sacs called **alveoli** [17] (*singular: alveolus*). About 300 million alveoli are estimated to be present in both lungs. Each alveolus is lined with a one-cell-thick layer of epithelium. This very thin wall permits an exchange of gases between the alveolus and the **capillary** [18] surrounding it. Blood flowing through the capillary accepts oxygen from the alveolus while depositing carbon dioxide into the alveolus. **Erythrocytes** [19] in the blood carry oxygen away from the lungs to all parts of the body and carbon dioxide back to the lungs for exhalation.

Each lung is covered by a double-layered membrane called the **pleura**. The outer layer of the pleura, nearer the ribs, is the **parietal pleura** [20], and the inner layer, closer to the lung, is the **visceral pleura** [21]. A serous (thin, watery fluid) secretion moistens the pleura and facilitates movements of the lungs within the chest (thorax).

The two lungs are not quite mirror images of each other. The slightly larger right lung is divided into three **lobes**, whereas the smaller left lung has two lobes. One lobe of the lung can be removed without significantly compromising lung function. The uppermost part of the lung is the **apex**, and the lower area is the **base**. The **hilum** of the lung is the midline region in which blood vessels, nerves, lymphatic tissue, and bronchial tubes enter and exit.

The lungs extend from the collarbone to the **diaphragm** [22] in the thoracic cavity. The diaphragm is a muscular partition separating the thoracic from the abdominal cavity and aiding in the process of breathing. It contracts and descends with each **inhalation (inspiration)** and relaxes and ascends with each **exhalation (expiration)**. The downward movement of the diaphragm enlarges the area in the thoracic cavity, decreasing internal air pressure, so that air flows into the lungs to equalize the pressure. When the lungs are full, the diaphragm relaxes and elevates, making the area in the thoracic cavity smaller, thus

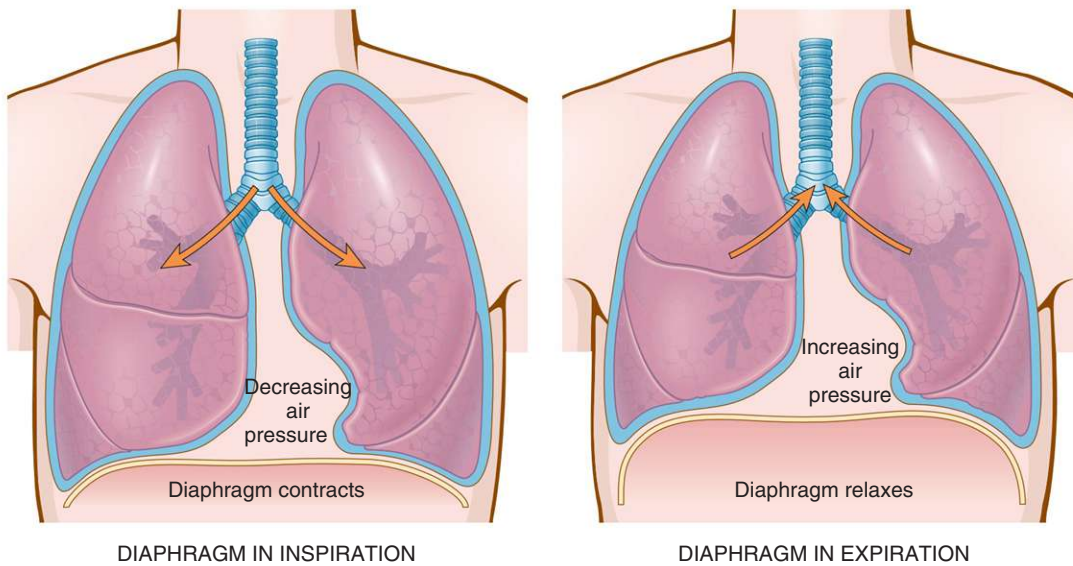


FIGURE 12-3 Position of the diaphragm during inspiration (inhalation) and expiration (exhalation).

increasing air pressure in the chest. Air then is expelled out of the lungs to equalize the pressure; this is **exhalation (expiration)**.

Figure 12-3 shows the position of the diaphragm in inspiration and in expiration.

Figure 12-4 is a flow diagram of the pathway of air from the nose, where air enters the body, to the capillaries of the lungs, where oxygen enters the bloodstream.

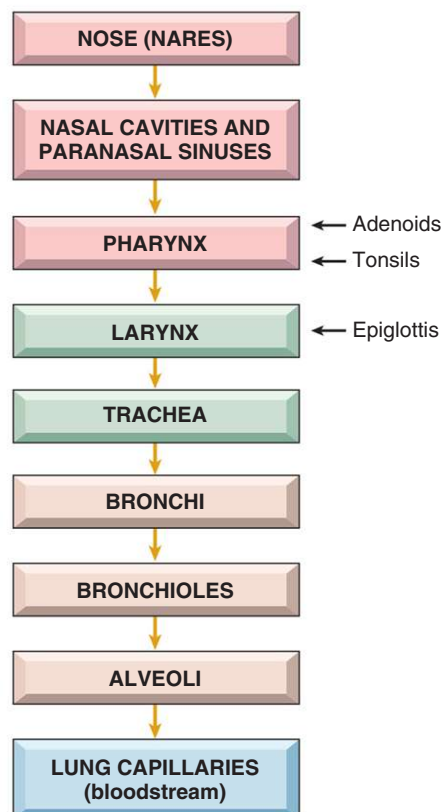


FIGURE 12-4 Pathway of air from the nose to the capillaries of the lungs.



VOCABULARY

This list reviews terminology introduced in the previous section. Short definitions and additional information will reinforce your understanding. Refer to the Pronunciation of Terms on page 494 for help with difficult or unfamiliar words.

adenoids	Lymphatic tissue in the nasopharynx; pharyngeal tonsils.
alveolus (<i>plural: alveoli</i>)	Air sac in the lung.
apex of the lung	Tip or uppermost portion of the lung. An apex is the tip of a structure. Apical means pertaining to or located at the apex. The apex of the heart is at the bottom of the heart.
base of the lung	Lower portion of the lung; from the Greek <i>basis</i> , foundation. Basilar means located at or in the base.
bronchioles	Smallest branches of the bronchi. Terminal bronchioles lead to alveolar ducts.
bronchus (<i>plural: bronchi</i>)	Branch of the trachea (windpipe) that is a passageway into the lung; bronchial tube.
carbon dioxide (CO₂)	Gas produced by body cells when oxygen and carbon atoms from food combine; exhaled through the lungs.
cilia	Thin hairs attached to the mucous membrane epithelium lining the respiratory tract. They clear bacteria and foreign substances from the lung. Cigarette smoke impairs the function of cilia.
diaphragm	Muscle separating the chest and abdomen. It contracts to pull air into the lungs and relaxes to push air out.
epiglottis	Lid-like piece of cartilage that covers the larynx, preventing food from entering the larynx and trachea during swallowing.
expiration	Breathing out (exhalation).
glottis	Slit-like opening to the larynx.
hilum of the lung	Midline region where the bronchi, blood vessels, and nerves enter and exit the lungs. Hilar means pertaining to (at) the hilum.
inspiration	Breathing in (inhalation).
larynx	Voice box; containing the vocal cords.
lobe	Division of a lung.
mediastinum	Region between the lungs in the chest cavity. It contains the trachea, heart, lymph nodes, aorta, esophagus, and bronchial tubes.
nares	Openings through the nose carrying air into the nasal cavities.
oxygen (O₂)	Gas that makes up 21 percent of the air. It passes into the bloodstream at the lungs and travels to all body cells.
palatine tonsil	One of a pair of almond-shaped masses of lymphatic tissue in the oropharynx (palatine means pertaining to the roof of the mouth).
paranasal sinus	One of the air cavities in the bones near the nose.
parietal pleura	Outer layer of pleura lying closer to the ribs and chest wall.

pharynx	Throat; including the nasopharynx, oropharynx, and laryngopharynx.
pleura	Double-layered membrane surrounding each lung.
pleural cavity	Space between the folds of the pleura.
pulmonary parenchyma	Essential parts of the lung, responsible for respiration; bronchioles and alveoli.
respiration	Process of moving air into and out of the lungs; breathing
trachea	Windpipe.
visceral pleura	Inner layer of pleura lying closer to the lung tissue.



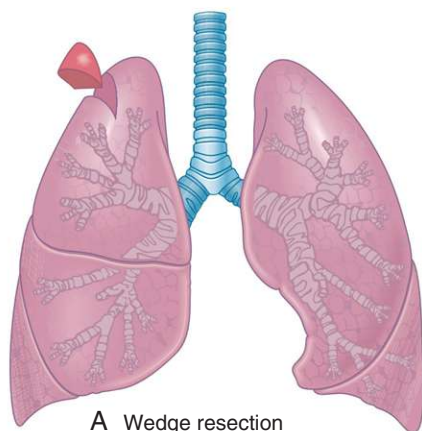
TERMINOLOGY

Write the meanings of the medical terms in the spaces provided.

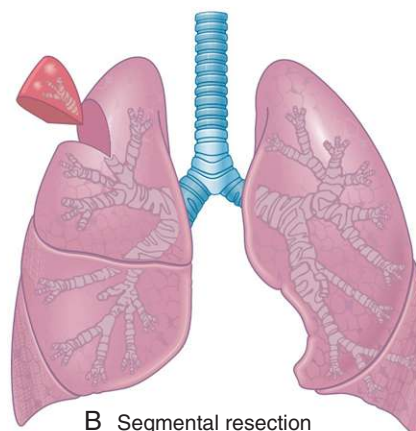
COMBINING FORMS

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
adenoid/o	adenoids	<u>adenoidectomy</u> _____ <u>adenoid hypertrophy</u> _____	
alveol/o	alveolus, air sac	<u>alveolar</u> _____	
bronch/o bronchi/o	bronchial tube, bronchus	<u>bronchospasm</u> _____ <i>This tightening of the bronchus is a chief characteristic of asthma and bronchitis.</i> <u>bronchiectasis</u> _____ <i>Caused by weakening of the bronchial wall from infection.</i> <u>bronchodilator</u> _____ <i>This drug causes dilation, or enlargement, of the opening of a bronchus to improve ventilation to the lungs. An example is albuterol, delivered via an inhaler.</i> <u>bronchopleural</u> _____ <i>A bronchopleural fistula is an abnormal connection between the bronchial tube and the pleural cavity (space). Occurring as a result of lung disease or surgical complication, this can cause an air leak into the pleural space.</i>	
bronchiol/o	bronchiole, small bronchus	<u>bronchiolitis</u> _____ <i>This is an acute viral infection occurring in infants younger than 18 months of age.</i>	
capn/o	carbon dioxide	<u>hypercapnia</u> _____	
coni/o	dust	<u>pneumoconiosis</u> _____ <i>See page 472.</i>	

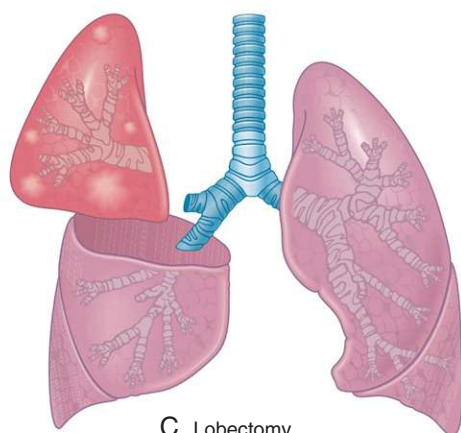
COMBINING FORM	MEANING	TERMINOLOGY	MEANING
cyan/o	blue	<u>cyan</u> osis _____ <i>Caused by deficient oxygen in the blood.</i>	
epiglott/o	epiglottis	<u>epiglott</u> itis _____ <i>Characterized by fever, sore throat, and an erythematous, swollen epiglottis.</i>	
laryng/o	larynx, voice box	<u>laryng</u> eal _____ <u>laryng</u> ospasm _____ <i>Spasm of laryngeal muscles that closes the larynx.</i> <u>laryng</u> itis _____	
lob/o	lobe of the lung	<u>lob</u> ectomy _____ <i>Figure 12-5 shows four different types of pulmonary resections.</i>	



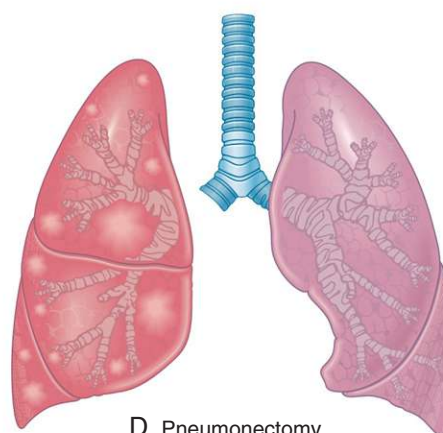
A Wedge resection



B Segmental resection



C Lobectomy



D Pneumonectomy

FIGURE 12-5 Pulmonary resections. **A, Wedge resection** is the removal of a small, localized area of diseased tissue near the surface of the lung. Pulmonary function and structure are relatively unchanged after healing. **B, Segmental resection** is the removal of a bronchiole and its alveoli (one or more lung segments). The remaining lung tissue expands to fill the previously occupied space. **C, Lobectomy** is the removal of an entire lobe of the lung. After lobectomy, the remaining lung increases in size to fill the space in the thoracic cavity. **D, Pneumonectomy** is the removal of an entire lung. Techniques such as removal of ribs and elevation of the diaphragm are used to reduce the size of the empty thoracic space.

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
mediastin/o	mediastinum	<u>mediastin</u> oscopy _____ <i>An endoscope is inserted through an incision in the chest.</i>	
nas/o	nose	<u>paranasal</u> sinuses _____ <i>Para- means near in this term.</i> <u>nasogastric</u> intubation _____	
orth/o	straight, upright	<u>orthopnea</u> _____ <i>An abnormal condition in which breathing (-pnea) is easier in the upright position. A major cause of orthopnea is congestive heart failure (the lungs fill with fluid when the patient is lying flat). Physicians assess the degree of orthopnea by the number of pillows a patient requires to sleep comfortably (e.g., two-pillow orthopnea).</i>	
ox/o	oxygen	<u>hypoxia</u> _____ <i>Tissues have a decreased amount of oxygen, and cyanosis can result.</i>	
pector/o	chest	<u>expectoration</u> _____ <i>Clearing of secretions from the airway by coughing or spitting. This sputum can contain mucus, blood, cellular debris, pus, and microorganisms.</i>	
pharyng/o	pharynx, throat	<u>pharyngeal</u> _____	
phon/o	voice	<u>dysphonia</u> _____ <i>Hoarseness or other voice impairment.</i>	
phren/o	diaphragm	<u>phrenic</u> nerve _____ <i>The motor nerve to the diaphragm.</i>	
pleur/o	pleura	<u>pleurodynia</u> _____ <i>The suffix -dynia means pain. The intercostal muscles or pleura are inflamed, causing pain during breathing.</i> <u>pleural</u> effusion _____ <i>An effusion is the escape of fluid from blood vessels or lymphatics into a cavity or into tissue spaces.</i>	

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
pneum/o, pneumon/o	air, lung	<u>pneumothorax</u> _____ <i>The suffix -thorax means chest. Because of a hole in the lung, air accumulates in the pleural cavity, between the layers of the pleura (Figure 12-6).</i>	
		<u>pneumectomy</u> _____	
pulmon/o	lung	<u>pulmonary</u> _____	
rhin/o	nose	<u>rhinoplasty</u> _____	
		<u>rhinorrhea</u> _____ <i>Commonly known as “runny nose.”</i>	
sinus/o	sinus, cavity	<u>sinusitis</u> _____	
spir/o	breathing	<u>spirometer</u> _____	
		<u>expiration</u> _____ <i>Note that the s is omitted (when it's preceded by an x).</i>	
		<u>respiration</u> _____ <i>Cheyne-Stokes respirations</i> are marked by rhythmic changes in the depth of breathing (rapid breathing and then absence of breathing). The pattern occurs every 45 seconds to 3 minutes. The cause may be heart failure or brain damage, both of which affect the respiratory center in the brain.	

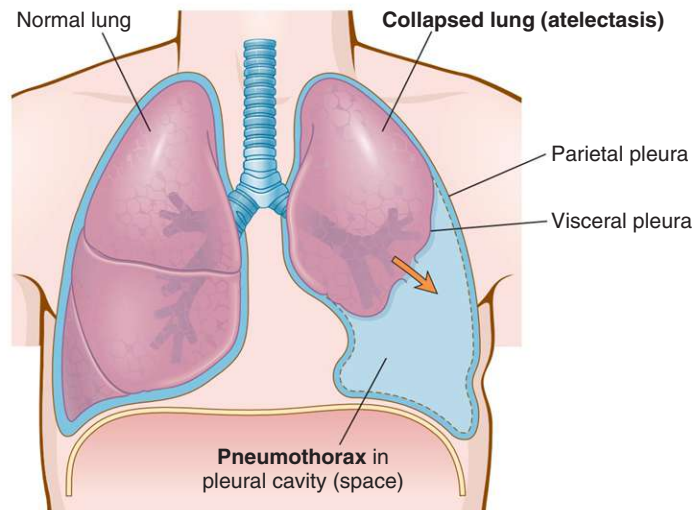


FIGURE 12-6 Pneumothorax. Air gathers in the pleural cavity, causing the lung to collapse. When this happens, the lung cannot fill up with air, breathing becomes more difficult, and the body gets less oxygen. Onset of pneumothorax is marked by sudden, sharp chest pain with difficulty breathing.

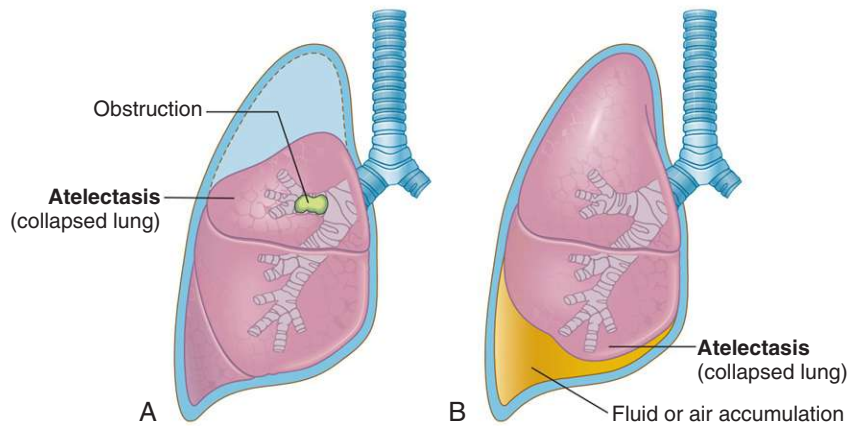


FIGURE 12-7 Two forms of atelectasis. **A**, An obstruction prevents air from reaching distal airways, and alveoli collapse. The most frequent cause is blockage of a bronchus by a mucous or mucopurulent (pus-containing) plug, as might occur postoperatively. **B**, Accumulations of fluid, blood, or air within the pleural cavity collapse the lung. This can occur with congestive heart failure (poor circulation leads to fluid buildup in the pleural cavity), pneumonia, trauma, or a pneumothorax.

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
tel/o	complete	<u>atelectasis</u> _____ <i>Collapsed lung; incomplete expansion (-ectasis) of a lung (Figure 12-7). Atelectasis may occur after surgery when a patient experiences pain and does not take deep breaths, preventing full expansion of the lungs.</i>	
thorac/o	chest	<u>thoracotomy</u> _____ <u>thoracic</u> _____	
tonsill/o	tonsils	<u>tonsillectomy</u> _____ <i>The oropharyngeal (palatine) tonsils are removed.</i>	
trache/o	trachea, windpipe	<u>tracheotomy</u> _____ <u>tracheal stenosis</u> _____ <i>Injury to the trachea from trauma, a burn, or serious infection can cause scarring and contraction that obstructs the flow of air. For example, having an endotracheal tube in place for a prolonged period may lead to tracheal injury or the formation of scar tissue.</i>	

SUFFIXES

SUFFIX	MEANING	TERMINOLOGY	MEANING
-ema	condition	<u>empyema</u> _____ <i>Em- at the beginning of this term means in. Empyema (pyothorax) is a collection of pus in the pleural cavity.</i>	
-osmia	smell	<u>anosmia</u> _____	



FIGURE 12-8 This man is sleeping with a **nasal CPAP (continuous positive airway pressure)** mask in place. The pressure supplied by air coming from the compressor opens the oropharynx and nasopharynx.

SUFFIX	MEANING	TERMINOLOGY	MEANING
-pnea	breathing	<u>apnea</u>	<i>Sleep apnea is sudden cessation of breathing during sleep. It can result in hypoxia, leading to cognitive impairment, hypertension, and arrhythmias. Obstructive sleep apnea (OSA) involves narrowing or occlusion in the upper airway. Continuous positive airway pressure (CPAP) is gentle ventilatory support used to keep the airways open (Figure 12-8).</i>
		<u>dyspnea</u>	<i>Dys- means abnormal here and is associated with shortness of breath (SOB). Paroxysmal (sudden) nocturnal (at night) dyspnea may be experienced by patients with congestive heart failure when they recline in bed. Patients often describe the sensation as “air hunger.”</i>
		<u>hyperpnea</u>	<i>An increase in the depth of breathing, occurring normally with exercise and abnormally with any condition in which the supply of oxygen is inadequate.</i>
		<u>tachypnea</u>	<i>Tachy- means fast. Excessively rapid and shallow breathing; hyperventilation.</i>
-ptysis	spitting	<u>hemoptysis</u>	<i>Blood is coughed up from the bronchial tubes and lungs; occurs with bronchitis or pneumonia, but also with tuberculosis, cancer, bronchiectasis, and pulmonary embolism.</i>
-sphyxia	pulse	<u>asphyxia</u>	<i>This condition, literally meaning lack of pulse, is severe hypoxia leading to hypoxemia, hypercapnia, loss of consciousness, and death.</i>
-thorax	pleural cavity, chest	<u>hemothorax</u>	
		<u>pyothorax</u>	<i>Empyema of the chest.</i>

PATHOLOGY

DIAGNOSTIC TERMS

auscultation	<p>Listening to sounds within the body.</p> <p>This procedure, performed with a stethoscope, is used chiefly for listening to the passage of air into and out of the lungs and listening to heart sounds. It is helpful to diagnose conditions of the lungs, pleura, heart, and abdomen, as well as to determine the condition of the fetus during pregnancy.</p>
percussion	<p>Tapping on a surface to determine the difference in the density of the underlying structure.</p> <p>Tapping over a solid organ produces a dull sound without resonance. Percussion over an air-filled structure, such as the lung, produces a resonant, hollow note. When the lungs or the pleural space are filled with fluid and become more dense, as in pneumonia, resonance is replaced by dullness.</p>
pleural rub	<p>Scratchy sound produced by pleural surfaces rubbing against each other.</p> <p>Pleural rub (also called a friction rub) occurs when the pleura are roughened and thickened by inflammation, infection, scarring, or neoplastic cells. It is heard on auscultation and can be felt by placing the fingers on the chest wall.</p>
rales (crackles)	<p>Fine crackling sounds heard on auscultation (during inhalation) when there is fluid in the alveoli.</p> <p>These popping or clicking sounds can be heard in patients with pneumonia, bronchiectasis, or acute bronchitis. The French word <i>râle</i> means rattle.</p>
rhonchi (<i>singular: rhonchus</i>)	<p>Loud rumbling sounds heard on auscultation of bronchi obstructed by sputum.</p> <p>These coarse rumbling sounds resemble snoring and are usually caused by secretions in larger bronchial tubes.</p>
sputum	<p>Material expelled from the bronchi, lungs, or upper respiratory tract by spitting.</p> <p>Purulent (containing pus) sputum often is green or brown. It results from infection and may be seen with asthma. Blood-tinged sputum is suggestive of tuberculosis or malignancy. For a sputum culture, the specimen is maintained in a nutrient medium to promote growth of a pathogen. Culture and sensitivity (C&S) studies identify the sputum pathogen and determine which antibiotic will be effective in destroying or reducing its growth.</p>
stridor	<p>Strained, high-pitched sound heard on inspiration caused by obstruction in the pharynx or larynx.</p> <p>Common causes of stridor include throat abscess, airway injury, croup, allergic reaction, or epiglottitis and laryngitis.</p>
wheezes	<p>Continuous high-pitched whistling sounds produced during breathing.</p> <p>Wheezes are heard when air is forced through narrowed or obstructed airways. Patients with asthma commonly experience wheezing as bronchi narrow and tighten.</p>

UPPER RESPIRATORY DISORDERS

croup	<p>Acute viral infection of infants and children with obstruction of the larynx, accompanied by barking cough and stridor.</p> <p>The most common causative agents are influenza viruses or respiratory syncytial virus (RSV).</p>
diphtheria	<p>Acute infection of the throat and upper respiratory tract caused by the diphtheria bacterium (<i>Corynebacterium</i>).</p> <p>Inflammation occurs, and a leathery, opaque membrane (Greek <i>diphthera</i>, leather membrane) forms in the pharynx and trachea.</p> <p>Immunity to diphtheria (by production of antibodies) is induced by the administration of weakened toxins (antigens) beginning between the sixth and eighth weeks of life. These injections usually are given as combination vaccines with pertussis and tetanus toxins and so are called DPT injections.</p>
epistaxis	<p>Nosebleed.</p> <p>Epistaxis is a Greek word meaning a dropping. It commonly results from irritation of nasal mucous membranes, trauma, vitamin K deficiency, clotting abnormalities, blood-thinning medications (such as aspirin and warfarin), or hypertension.</p>
pertussis	<p>Whooping cough; highly contagious bacterial infection of the pharynx, larynx, and trachea caused by <i>Bordetella pertussis</i>.</p> <p>Pertussis is characterized by paroxysmal (violent, sudden) spasms of coughing that ends in a loud “whooping” inspiration.</p>

BRONCHIAL DISORDERS

asthma	<p>Chronic bronchial inflammatory disorder with airway obstruction due to bronchial edema and constriction and increased mucus production.</p> <p>Associated signs and symptoms of asthma are dyspnea, wheezing, and cough. Etiology can involve allergy or infection. Triggers for asthmatic attacks include exercise, strong odors, cold air, stress, allergens (e.g., tobacco smoke, pet dander, dust, molds, pollens, foods), and medications (aspirin, beta-blockers).</p> <p>Asthma treatments are:</p> <ul style="list-style-type: none"> • Fast-acting agents for acute symptoms; example is an albuterol inhaler (bronchodilator). • Long-acting agents for long term control; examples are glucocorticoids (inhaled), oral steroids (anti-inflammatory drugs), and leukotriene blockers such as Singulair. <p>Other conditions, such as gastroesophageal reflux disease (GERD), sinusitis, and allergic rhinitis can exacerbate asthma.</p>
bronchiectasis	<p>Chronic dilation of a bronchus secondary to infection.</p> <p>This condition is caused by chronic infection with loss of elasticity of the bronchi. Secretions puddle and do not drain normally. Signs and symptoms are cough, fever, and expectoration of foul-smelling, purulent (pus-containing) sputum. Treatment is palliative (noncurative) and includes antibiotics, mucolytics, bronchodilators, respiratory therapy, and surgical resection if other therapies are not effective.</p>
chronic bronchitis	<p>Inflammation of bronchi persisting over a long time; type of chronic obstructive pulmonary disease (COPD).</p> <p>Infection and cigarette smoking are etiologic factors. Signs and symptoms include excessive secretion of often infected mucus, a productive cough, and obstruction</p>

of respiratory passages. Chronic bronchitis and emphysema (lung disease in which air exchange at the alveoli is severely impaired) are types of **chronic obstructive pulmonary disease (COPD)**.

cystic fibrosis (CF)

Inherited disorder of exocrine glands resulting in thick mucinous secretions in the respiratory tract that do not drain normally.

This is a genetic disorder caused by a mutation in a gene. It can be diagnosed by newborn screening blood test, sweat test, and genetic testing. CF affects the epithelium (lining cells) of the respiratory tract, leading to chronic airway obstruction, infection, bronchiectasis, and sometimes respiratory failure. It also involves exocrine glands, such as the pancreas (insufficient secretion of digestive enzymes leads to poor growth) and sweat glands (salty tasting skin). There is no known cure, but therapy includes antibiotics, aerosolized medications, chest physiotherapy, and replacement of pancreatic enzymes. Lung transplantation becomes necessary for some patients. It can restore lung function and prolong life.

LUNG DISORDERS

atelectasis

Collapsed lung; incomplete expansion of alveoli, (Figure 12-7 page 467).

In atelectasis, the bronchioles and alveoli (pulmonary parenchyma) resemble a collapsed balloon. 

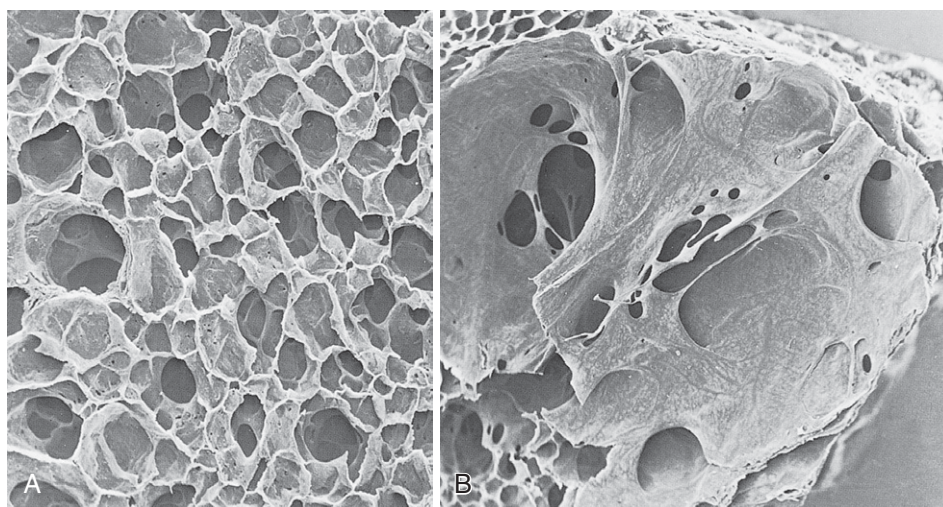
emphysema

Hyperinflation of air sacs with destruction of alveolar walls (Figure 12-9A and B).

Loss of elasticity and the breakdown of alveolar walls result in expiratory flow limitation. There is a strong association between cigarette smoking and emphysema. As a result of the destruction of lung parenchyma, including blood vessels, pulmonary artery pressure rises and the right side of the heart must work harder to pump blood. This leads to right ventricular hypertrophy and right heart failure (**cor pulmonale**).

Emphysema and chronic bronchitis are both forms of **COPD**.

FIGURE 12-9 A, Normal lung tissue. B, Emphysema. Notice the overinflation of air sacs and destruction of alveolar walls.



Atelectasis: Common causes

- Bronchial obstruction—by secretions or tumor
- Complications following surgery—poor breathing ability
- Chest wounds—air (pneumothorax), fluid (pleural effusion), or blood (hemothorax) accumulate in the pleural cavity

lung cancer**Malignant tumor arising from the lungs and bronchi** (Figure 12-10).

This group of cancers, often associated with cigarette smoking, is the most frequent fatal malignancy. Lung cancers are divided into two general categories: **non-small cell lung cancer (NSCLC)** and **small cell lung cancer (SCLC)**.

NSCLC accounts for 90% of lung cancers and comprises three main types: adenocarcinoma (derived from mucus-secreting cells), squamous cell carcinoma (derived from the lining cells of the upper airway), and large cell lung cancer. When lung cancer is diagnosed, physicians assess the *stage* of the tumor (determined by its size, lymph node involvement, and any distant areas of spread) to prepare a protocol for treatment.

For localized tumors, surgery may be curative. Staging of NSCLC by assessing mediastinal lymph nodes is critical. If nodes are negative, the patient is a good candidate for surgery. If nodes are positive, multimodality treatment (chemotherapy and irradiation), with or without surgery, is an option. Doctors treat metastatic disease (to liver, brain, and bones) with palliative chemotherapy and/or radiation therapy.

In some patients, often nonsmokers, NSCLC may be caused by a mutation (change) in epithelial lung tissue. An example is a mutation in the epidermal growth factor receptor (EGFR), which is sensitive to treatment with EGFR inhibitors (Iressa and Tarceva). This is an example of targeted drug therapy for cancer.

SCLC derives from small, round (“oat” cells) cells found in pulmonary epithelium. It grows rapidly early and quickly spreads outside the lung. Treatment with radiation therapy and chemotherapy may lead to remissions.

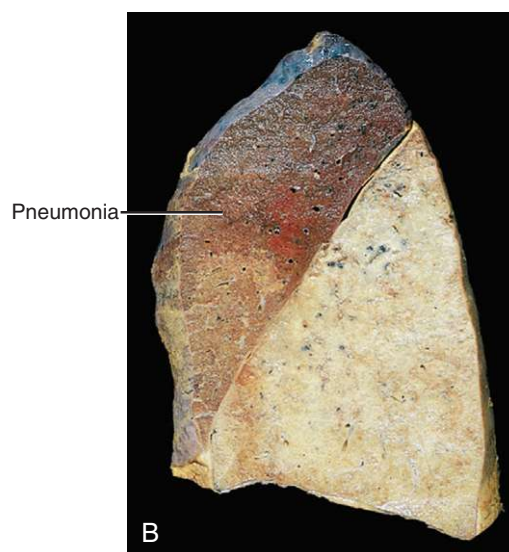
pneumoconiosis**Abnormal condition caused by dust in the lungs, with chronic inflammation, infection, and bronchitis** (Figure 12-11A).

Various forms are named according to the type of dust particle inhaled: **anthracosis**—coal (anthrac/o) dust (black lung disease); **asbestosis**—asbestos (asbest/o) particles (in shipbuilding and construction trades); **silicosis**—silica (silic/o = rocks) or glass (grinder’s disease).



FIGURE 12-10 Lung cancer. The gray-white tumor tissue is infiltrating the substance of the lung. This tumor was identified as a squamous cell carcinoma. Squamous cell carcinomas arise in major bronchi and spread to local hilar lymph nodes.

FIGURE 12-11 **A, Anthracosis** or black lung disease. Notice the dark black deposits of coal dust throughout the lung. **B, Lobar pneumonia** (at autopsy). Notice that the condition affects a lobe of the lung. The patient's signs and symptoms included fever, chills, cough, dark sputum, rapid shallow breathing, and hypoxia. If diagnosis is made early, antibiotic therapy is successful.



pneumonia

Acute inflammation and infection of alveoli, which fill with pus or products of the inflammatory reaction.

Etiologic agents are pneumococci, staphylococci, and other bacteria, fungi, or viruses. Infection damages alveolar membranes so that an **exudate** (fluid, blood cells, and debris) consolidates the alveoli (sacs become “glued” together, making air exchange less effective). An **infiltrate** is a fluid-filled area within the lungs as seen on a chest x-ray or CT scan. **Lobar pneumonia** (see Figure 12-11B) involves an entire lobe of a lung. **Bronchopneumonia** is a limited form of infection that produces patchy consolidation (abscesses) in the lung parenchyma. Treatment includes appropriate antibiotics and, if necessary, oxygen and mechanical ventilation in severe cases. See the *In Person* account on page 484 of a woman with recurring pneumonia.

Community-acquired pneumonia results from a contagious respiratory infection, caused by a variety of viruses and bacteria (especially *Mycoplasma* bacteria). It usually is treated at home with oral antibiotics.

Hospital-acquired pneumonia or **nosocomial pneumonia** is acquired during hospitalization (Greek *nosokomeion* means hospital). For example, patients may contract pneumonia while on mechanical ventilation or as a hospital-acquired infection.

Aspiration pneumonia is caused by material, such as food or vomitus, lodging in bronchi or lungs. It is a danger in the elderly, Alzheimer disease patients, stroke victims, and people with esophageal reflux and feeding tubes.

X-ray images of a normal chest and one with pneumonia are on page 476.

pulmonary abscess

Large collection of pus (bacterial infection) in the lungs.

pulmonary edema

Fluid in the air sacs and bronchioles.

This condition most often is caused by the inability of the heart to pump blood (congestive heart failure). Blood backs up in the pulmonary blood vessels, and fluid seeps out into the alveoli and bronchioles. Acute pulmonary edema requires immediate medical attention, including drugs (diuretics), oxygen in high concentrations, and keeping the patient in a sitting position (to decrease venous return to the heart).

pulmonary embolism (PE)

Clot or other material lodges in vessels of the lung (Figure 12-12A and B).

The clot (embolus) travels from distant veins, usually in the legs. Occlusion can produce an area of dead (necrotic) tissue; this is a **pulmonary infarction**. PE often causes acute pleuritic chest pain (pain on inspiration) and may be associated with blood in the sputum, fever, and respiratory insufficiency. CT angiography is the primary diagnostic tool for pulmonary emboli.

pulmonary fibrosis

Formation of scar tissue in the connective tissue of the lungs.

This condition may be the result of chronic inflammation or irritation caused by tuberculosis, pneumonia, or pneumoconiosis.

sarcoidosis

Chronic inflammatory disease in which small nodules (granulomas) develop in lungs, lymph nodes, and other organs.

The cause of sarcoidosis is unknown. Bilateral hilar lymphadenopathy or lung involvement is visible on chest x-ray in most cases. Many patients are asymptomatic and retain adequate pulmonary function. Sarcoidosis may affect the brain, heart, liver, and other organs. Other patients have more active disease and impaired pulmonary function. Corticosteroid drugs are used to prevent progression of the illness.

tuberculosis (TB)

Infectious disease caused by *Mycobacterium tuberculosis*; lungs usually are involved, but any organ in the body may be affected.

Rod-shaped bacteria called **bacilli** invade the lungs, producing small tubercles (from Latin *tuber*, a swelling) of infection. Early TB usually is asymptomatic and detected on routine chest x-ray studies. Signs and symptoms of advanced disease are cough, weight loss, night sweats, hemoptysis, and pleuritic pain. Antituberculosis chemotherapy (isoniazid, rifampin) is effective in most cases. Immunocompromised patients are particularly susceptible to antibiotic-resistant TB. It is important and often necessary to treat TB with several drugs at the same time to prevent drug resistance.

The PPD skin test (see page 480) is given to most hospital and medical employees because TB is highly contagious. A positive PPD test, in the absence of infection, requires treatment with isoniazid.

PLEURAL DISORDERS**mesothelioma**

Rare malignant tumor arising in the pleura.

Mesotheliomas are derived from mesothelium, which forms the lining of the pleural surface. These tumors are caused by asbestos exposure.

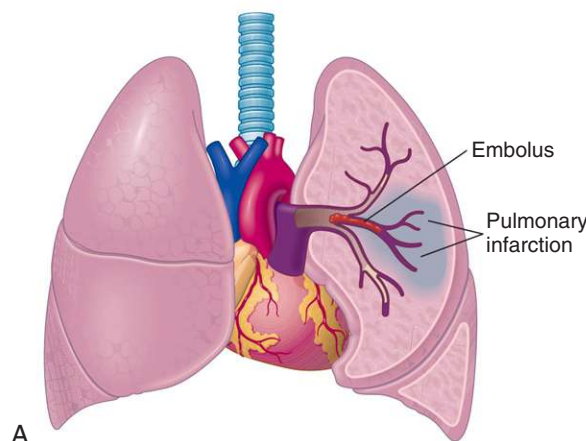


FIGURE 12-12 Pulmonary embolism (A and B).

pleural effusion**Abnormal accumulation of fluid in the pleural space (cavity).**

Two types of pleural effusions are **exudates** (fluid from tumors and infections) and **transudates** (fluid from congestive heart failure, pulmonary embolism, or cirrhosis).

pleurisy (pleuritis)**Inflammation of the pleura.**

This condition causes pleurodynia and dyspnea and, in chronic cases, pleural effusion.

pneumothorax**Collection of air in the pleural space.**

Pneumothorax may occur in the course of a pulmonary disease (emphysema, carcinoma, tuberculosis, or lung abscess) when a break in the lung surface releases air into the pleural space. This allows communication between an alveolus or bronchus and the pleural cavity. It may also follow trauma and perforation of the chest wall or prolonged high-flow oxygen delivered by a respirator in an intensive care unit (ICU).

Pleurodesis (-desis means to bind) is the artificial production of adhesions between the parietal and visceral pleura for treatment of persistent pneumothorax and severe pleural effusion. This is accomplished by using talc powder or drugs, such as antibiotics, that cause irritation and scarring of the pleura.



STUDY SECTION

Practice spelling each term and know its meaning.

anthracosis	Coal dust accumulates in the lungs.
asbestosis	Asbestos particles accumulate in the lungs.
bacilli (<i>singular:</i> bacillus)	Rod-shaped bacteria (cause of tuberculosis).
chronic obstructive pulmonary disease (COPD)	Chronic condition of persistent obstruction of air flow through bronchial tubes and lungs. COPD is caused by smoking, air pollution, chronic infection, and, in a minority of cases, asthma. Patients with predominant chronic bronchitis COPD are referred to as “blue bloaters” (cyanotic, stocky build), whereas those with predominant emphysema are called “pink puffers” (short of breath, but with near-normal blood oxygen levels, and no change in skin color).
cor pulmonale	Failure of the right side of the heart to pump a sufficient amount of blood to the lungs because of underlying lung disease.
exudates	Fluid, cells, and other substances (pus) that filter from cells or capillaries ooze into lesions or areas of inflammation.
hydrothorax	Collection of fluid in the pleural cavity.
infiltrate	Collection of fluid or other material within the lung, as seen on a chest film, CT scan, or other radiologic image.
palliative	Relieving symptoms, but not curing the disease.
paroxysmal	Pertaining to a sudden occurrence, such as a spasm or seizure; oxysm/o means sudden.
pulmonary infarction	Area of necrosis (death of lung tissue).
purulent	Containing pus.
silicosis	Disease due to silica or glass dust in the lungs; occurs in mining occupations.

CLINICAL PROCEDURES

X-RAY TESTS

chest x-ray (CXR)

Radiographic image of the thoracic cavity (chest film).

Chest x-rays are taken in the frontal (coronal) plane as posteroanterior (PA) or anteroposterior (AP) views and in the sagittal plane as lateral views. Figure 12-13A and B shows a normal chest film and an x-ray film of the chest with pneumonia.

computed tomography (CT) scan of the chest

Computer-generated series of x-ray images show thoracic structures in cross section and other planes.

This test is for diagnosis of lesions difficult to assess by conventional x-ray studies, such as those in the lungs, mediastinum, and pleura.

CT pulmonary angiography (CTPA) is the combination of CT scanning and angiography. It is useful to examine the pulmonary circulation in the diagnosis of a pulmonary embolism.

MAGNETIC IMAGING

magnetic resonance imaging (MRI) of the chest

Magnetic waves create detailed images of the chest in frontal, lateral (sagittal), and cross-sectional (axial) planes.

This test is helpful in defining mediastinal tumors (such as those of Hodgkin disease) difficult to assess by CT scan.

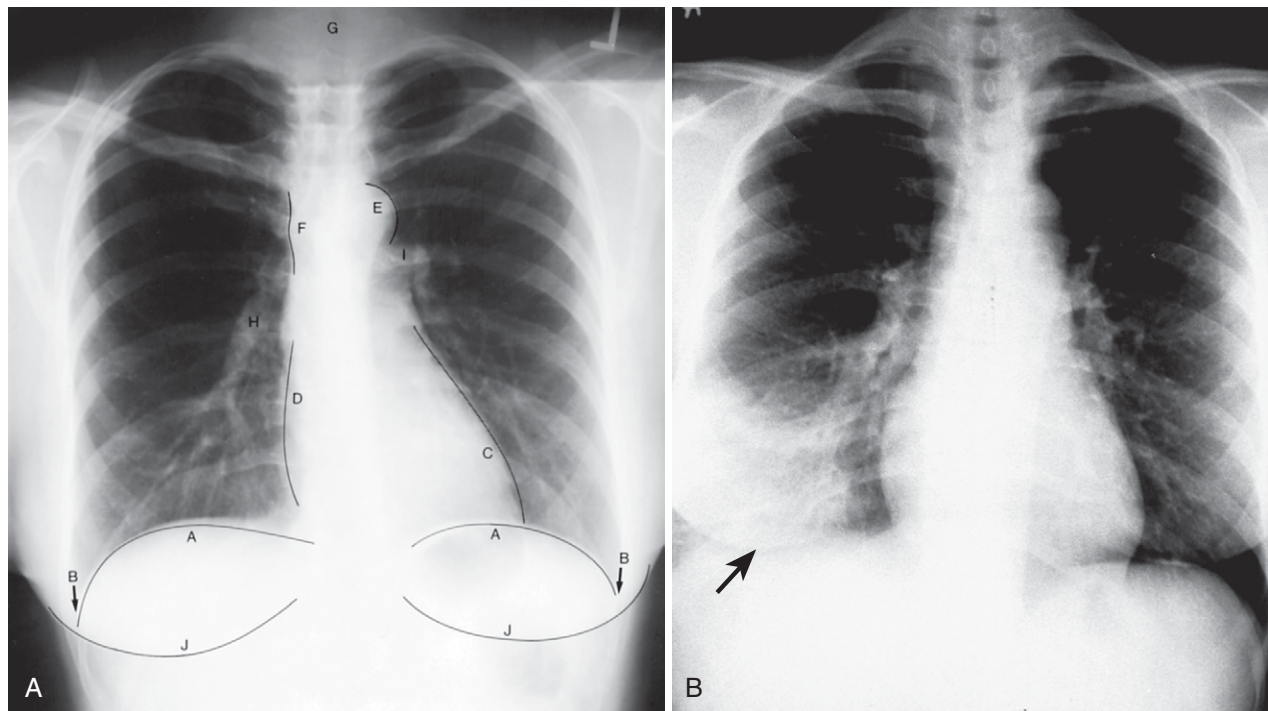


FIGURE 12-13 **A**, A normal chest x-ray appearance. The image is taken from the posteroanterior (PA) view (picture was taken back to front). The *backward L* in the upper corner is placed on the film to indicate the left side of the patient's chest. A, Diaphragm; B, costophrenic angle; C, left ventricle; D, right atrium; E, aortic arch; F, superior vena cava; G, trachea; H, right bronchus; I, left bronchus; J, breast shadows. Air-filled lung spaces appear black. **B**, **Pneumonia** of the right lung shown on an x-ray image of the chest.

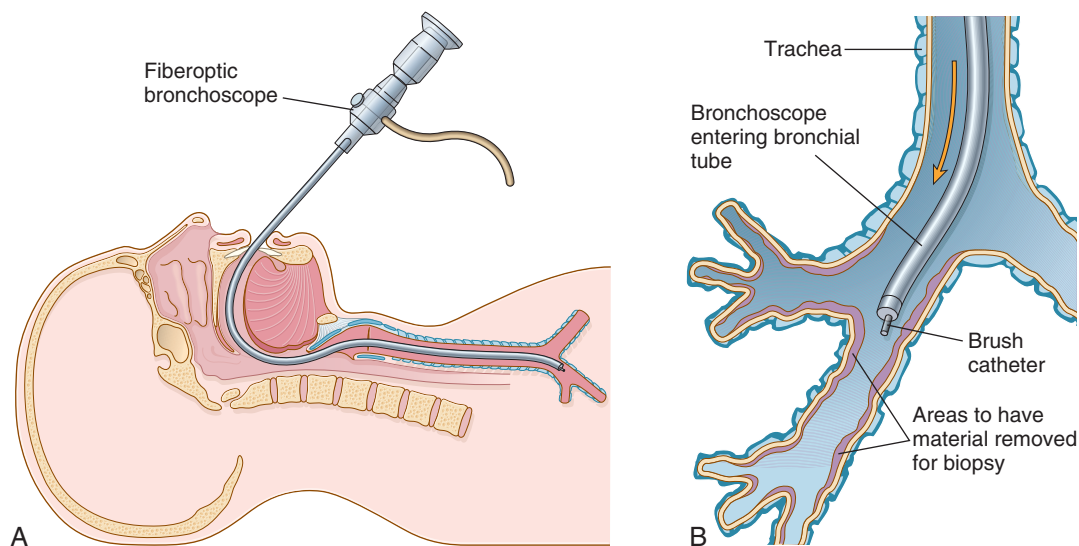


FIGURE 12-14 **A, Fiberoptic bronchoscopy.** A bronchoscope is passed through the nose, throat, larynx, and trachea into a bronchus. **B, A bronchoscope, with brush catheter, in place in a bronchial tube.**

NUCLEAR MEDICINE TESTS

positron emission tomography (PET) scan of the lung

Radioactive glucose is injected and images reveal metabolic activity in the lungs.

This scanning technique can identify malignant tumors, which have higher metabolic activity. It is also used to assess small nodules seen on a CT scan.

ventilation-perfusion (V/Q) scan

Detection device records radioactivity in the lung after injection of a radioisotope or inhalation of small amount of radioactive gas (xenon).

This test can identify areas of the lung not receiving adequate air flow (ventilation) or blood flow (perfusion). Q is the symbol for blood volume or rate of blood flow.

OTHER PROCEDURES

bronchoscopy

Fiberoptic endoscope examination of the bronchial tubes.

A physician places the bronchoscope through the throat, larynx, and trachea into the bronchi for diagnosis, biopsy, or collection of secretions. In **bronchoalveolar lavage (bronchial washing)**, fluid is injected and withdrawn. In **bronchial brushing**, a brush is inserted through the bronchoscope and is used to scrape off tissue (Figure 12-14).

Endobronchial ultrasound (EBUS) is performed during bronchoscopy to diagnose and stage lung cancer. An EBUS-guided forceps biopsy allows for sampling of small (<3 cm) peripheral lesions endoscopically.

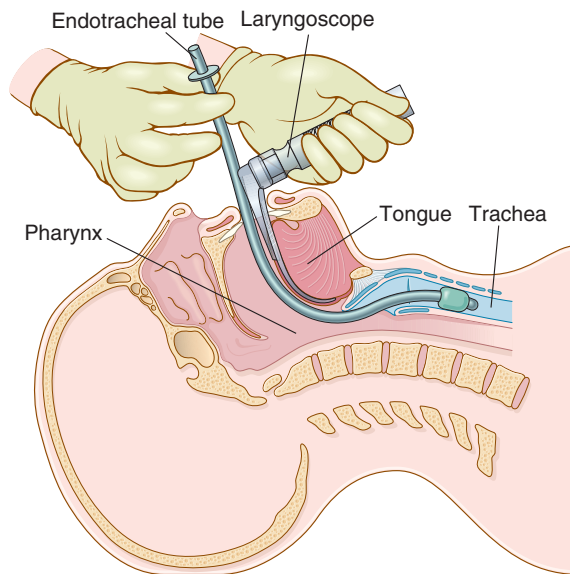


FIGURE 12-15 Endotracheal intubation. The patient is in a supine position; the head is hyperextended, the lower portion of the neck is flexed, and the mouth is opened. A **laryngoscope** is used to hold the airway open, to expose the vocal cords, and as a guide for placing the tube into the trachea.

endotracheal intubation

Placement of a tube through the mouth into the pharynx, larynx, and trachea to establish an airway (Figure 12-15).

This procedure also allows the patient to be placed on a mechanical **ventilator** (an apparatus that moves air into and out of the lungs).

laryngoscopy

Visual examination of the voice box.

A lighted, flexible endoscope is passed through the mouth or nose into the larynx.

lung biopsy

Removal of lung tissue followed by microscopic examination.

Specimens may be obtained by bronchoscopy, thoracotomy (open-lung biopsy), or by needle biopsy through the chest wall.

mediastinoscopy

Endoscopic visual examination of the mediastinum.

An incision is made above the breastbone (suprasternal) for inspection and biopsy of lymph nodes in the underlying space (mediastinum).

pulmonary function tests (PFTs)

Tests that measure the ventilation mechanics of the lungs: airway function, lung volume, and the capacity of the lungs to exchange oxygen and carbon dioxide efficiently. See Figure 12-16.

PFTs are used for many reasons: (1) to evaluate patients with shortness of breath (SOB); (2) to monitor lung function in patients with known respiratory disease; (3) to evaluate disability; and (4) to assess lung function before surgery. A **spirometer** measures the volume and rate of air passing into and out of the lung.

PFTs determine if lung disease is obstructive, restrictive, or both. In **obstructive lung disease**, airways are narrowed, which results in resistance to air flow during breathing. A hallmark PFT abnormality in obstructive disease is decreased expiratory flow rate or **FEV₁** (forced expiratory volume in the first second of expiration). Examples of obstructive lung diseases are asthma, COPD, bronchiectasis, cystic fibrosis, and bronchiolitis.

In **restrictive lung disease**, expansion of the lung is limited by disease that affects the chest wall, pleura, or lung tissue itself. A hallmark PFT abnormality in restrictive disease is decreased **total lung capacity (TLC)**. Examples of lung conditions that stiffen and scar the lung are pulmonary fibrosis, radiation damage to the lung, and pneumoconiosis. Other causes of restrictive lung disease are neuromuscular conditions that affect the lung, such as myasthenia gravis, muscular dystrophy, and diaphragmatic weakness and paralysis.



FIGURE 12-16 An individual undergoing a **pulmonary function test**.

The ability of gas to diffuse across the alveolar-capillary membrane is assessed by determining the diffusion capacity of the lung for carbon monoxide (**DL_{CO}**). A patient breathes in a small amount of carbon monoxide (CO), and the length of time it takes the gas to enter the bloodstream is measured.

thoracentesis

Surgical puncture to remove fluid from the pleural space.

This procedure is used to obtain pleural fluid for diagnosis or to therapeutically drain a pleural effusion (Figure 12-17).

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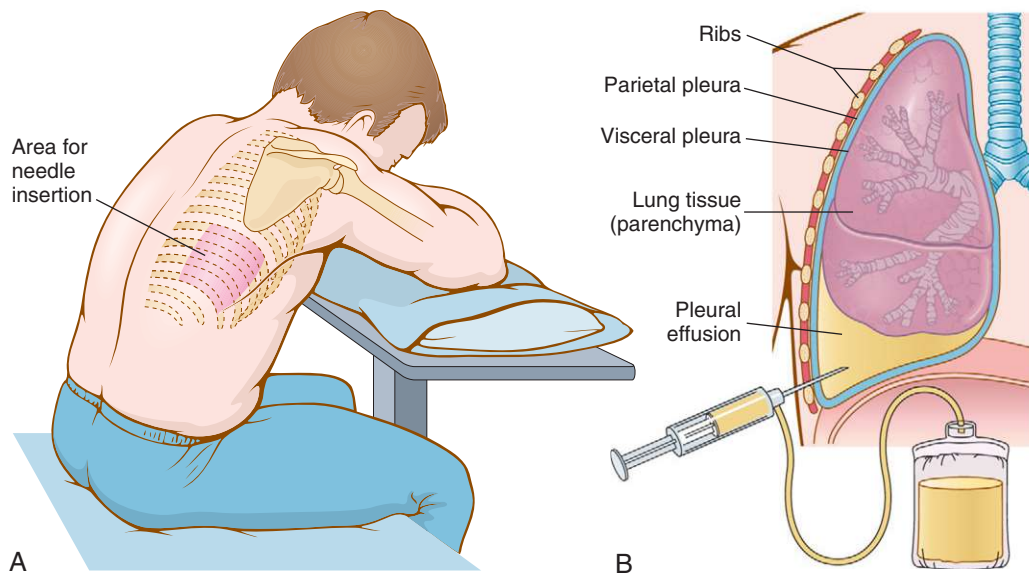


FIGURE 12-17 Thoracentesis. **A**, The patient is sitting in the correct position for the procedure; it allows the chest wall to be pulled outward in an expanded position. **B**, The needle is inserted close to the base of the effusion so that gravity can help with drainage, but it is kept as far away from the diaphragm as possible.

thoracotomy**Large surgical incision of the chest.**

The incision is large, cutting into bone, muscle, and cartilage. It is necessary for lung biopsies and resections (lobectomy and pneumonectomy).

thoracoscopy (thorascopy)**Visual examination of the chest via small incisions and use of an endoscope.**

Video-assisted thoracic surgery (VATS) allows the surgeon to view the chest from a video monitor. The thoracoscope (thoracoscope) is equipped with a camera that magnifies the image on the monitor. Thoracoscopy can diagnose and treat conditions of the lung, pleura, and mediastinum.

tracheostomy**Surgical creation of an opening into the trachea through the neck.**

A tube is inserted to create an airway. The tracheostomy tube may be permanent as well as an emergency device (Figure 12-18). A **tracheotomy** is the incision necessary to create a tracheostomy.

tuberculin test**Determines past or present tuberculous infection based on a positive skin reaction.**

Examples are the **Heaf test** and the **tine test**, using purified protein derivative (PPD) applied with multiple punctures of the skin, and the **Mantoux test**, using PPD given by intradermal injection.

tube thoracostomy**A flexible, plastic chest tube is passed into the pleural space through an opening in the chest.**

This procedure is used to continuously remove air (pneumothorax), fluid (pleural effusion), or pus (empyema). See Figure 12-19.

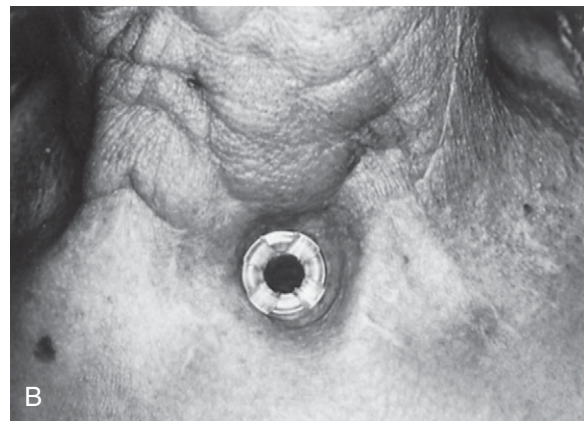
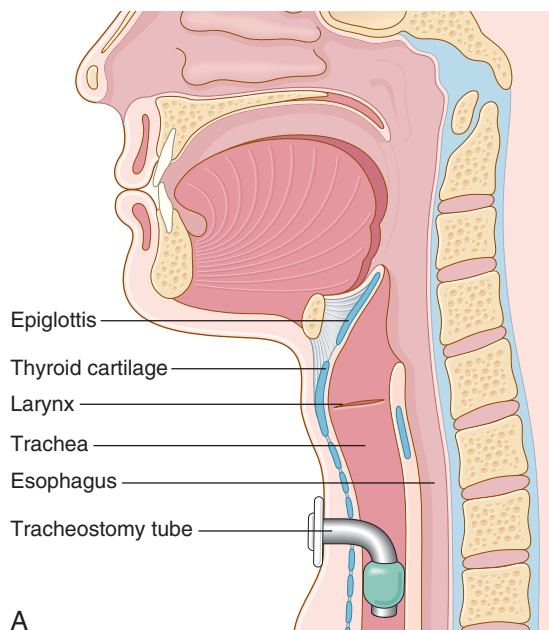


FIGURE 12-18 A, Tracheostomy tube in place. B, Healed tracheostomy after laryngectomy.

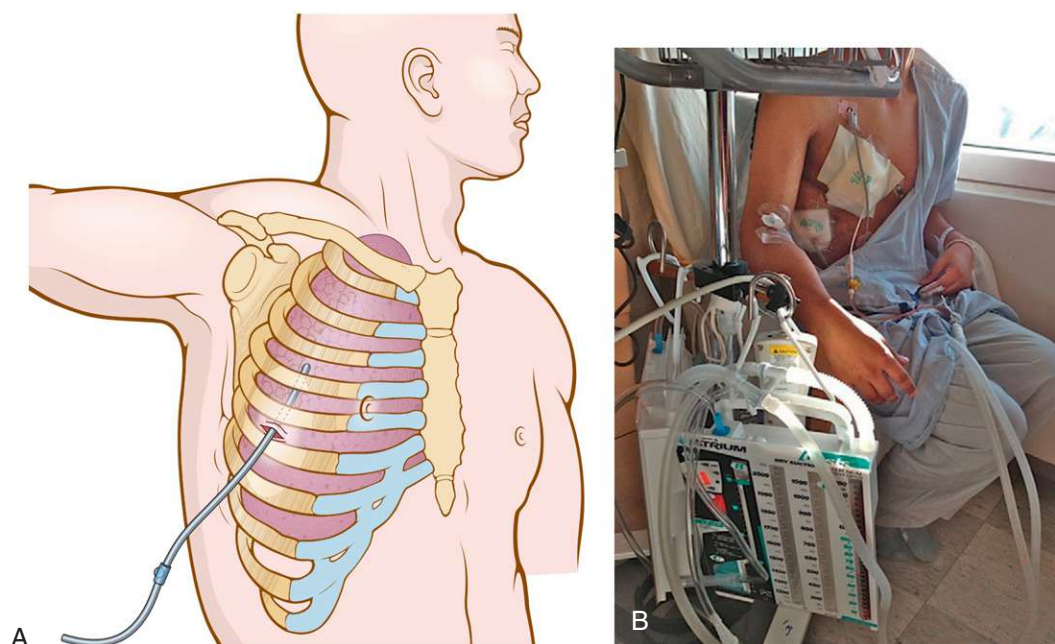


FIGURE 12-19 A, Tube thoracostomy. B, A patient with two thoracostomy tubes draining a pleural effusion in two different areas of the chest.



ABBREVIATIONS

ABGs	arterial blood gases	CTPA	computed tomography pulmonary angiography
AFB	acid-fast bacillus—the type of organism that causes tuberculosis	CXR	chest x-ray [film]
ARDS	acute respiratory distress syndrome—severe, sudden lung injury caused by acute illness	DL_{CO}	diffusion capacity of the lung for carbon monoxide
BAL	bronchoalveolar lavage	DOE	dyspnea on exertion
Bronch	bronchoscopy	DPT	diphtheria, pertussis, tetanus—toxoids for vaccination of infants, to provide immunity to these diseases
CF	cystic fibrosis	FEV₁	forced expiratory volume in 1 second
CO₂	carbon dioxide	FVC	forced vital capacity—amount of gas that can be forcibly and rapidly exhaled after a full inspiration
COPD	chronic obstructive pulmonary disease—airway obstruction associated with emphysema and chronic bronchitis	ICU	intensive care unit
CPAP	continuous positive airway pressure	LLL	left lower lobe (of lung)
CPR	cardiopulmonary resuscitation—three basic steps (CAB): C, circulation restored by external cardiac compression; A, airway opened by tilting the head; B, breathing restored by mouth-to-mouth breathing	LUL	left upper lobe (of lung)
C&S	culture and sensitivity testing (of sputum)	MDI	metered-dose inhaler—used to deliver aerosolized medications to patients
		NSCLC	non-small cell lung cancer
		O₂	oxygen

OSA	obstructive sleep apnea	RLL	right lower lobe (of lung)
Paco₂	carbon dioxide partial pressure—measure of the amount of carbon dioxide in arterial blood	RSV	respiratory syncytial virus—common cause of bronchiolitis, bronchopneumonia, and the common cold, especially in children (in tissue culture, forms syncytia or giant cells, so that cytoplasm flows together)
PaO₂	oxygen partial pressure—a measure of the amount of oxygen in arterial blood	RUL	right upper lobe (of lung)
PCP	<i>Pneumocystis</i> pneumonia—a type of pneumonia seen in patients with AIDS or other immunosuppression	RV	residual volume—amount of air remaining in lungs at the end of maximal expiration
PE	pulmonary embolism	SABA	short-acting beta agonist (for relief of asthma symptoms)
PEP	positive expiratory pressure—mechanical ventilator strategy in which the patient takes a deep breath and then exhales through a device that resists air flow (helps refill underventilated areas of the lung)	SCLC	small cell lung cancer
PEEP	positive end-expiratory pressure—common mechanical ventilator setting in which airway pressure is maintained above atmospheric pressure	SOB	shortness of breath
PFTs	pulmonary function tests	TB	tuberculosis
PND	paroxysmal nocturnal dyspnea	TLC	total lung capacity—volume of gas in the lungs at the end of maximal inspiration; equals VC plus RV
PPD	purified protein derivative—substance used in a tuberculosis test	URI	upper respiratory infection
RDS	respiratory distress syndrome—in the newborn infant, condition marked by dyspnea and cyanosis and related to absence of surfactant, a substance that permits normal expansion of lungs; also called hyaline membrane disease	V_T	tidal volume—amount of air inhaled and exhaled during a normal ventilation
		VATS	video-assisted thoracic surgery (thoracoscopy)
		VC	vital capacity—equals inspiratory reserve volume plus expiratory reserve volume plus tidal volume
		V/Q scan	ventilation-perfusion scan—radioactive test of lung ventilation and blood perfusion throughout the lung capillaries (lung scan)



PRACTICAL APPLICATIONS

Reproduced here are actual medical reports using terms that you have studied in this and previous chapters. Explanations of more difficult terms are added in brackets. Answers to the questions for the autopsy report are on page 493.

CASE REPORT

A 22-year-old known heroin abuser was admitted to an emergency department comatose with shallow respirations. Routine laboratory studies and chest x-ray studies were done after the patient was aroused. He was then transferred to the ICU. He complained of left-sided chest pain. Examination of the chest x-ray showed three fractured ribs on the right and a large right pleural effusion. Further questioning of a friend revealed that he had fallen and struck the corner of a table after injecting heroin.

The diagnosis was traumatic hemothorax secondary to rib fractures, and a chest tube was inserted into the right pleural space. No blood could be obtained despite maneuvering of the tube. Another chest x-ray showed that the tube was correctly placed in the right pleural space, but the fractured ribs and pleural effusion were on the left. The radiologist then realized that he had reversed the first film. A second tube was inserted into the left pleural space, and 1500 mL [6 to 7 cups] of blood was evacuated.

AUTOPSY REPORT

Adenocarcinoma, bronchogenic, left lung, with extensive mediastinal, pleural, and pericardial involvement. Metastasis to tracheobronchial lymph nodes, liver, lumbar vertebrae. Pulmonary emboli, multiple, recent, with recent infarct of left lower lobe. The tumor apparently originated at the left main bronchus and extends peripherally. Parenchyma (alveoli) is particularly atelectatic with a centrally located area of hemorrhage in the lower lobe.

Questions about the Autopsy Report

1. What was the patient's primary disease?
 - a. Blood clots in the lung
 - b. Mediastinal, pleural, and pericardial inflammation
 - c. Lung cancer
2. Which was *not* an area of metastasis?
 - a. Backbones
 - b. Bone marrow
 - c. Hepatocytes
3. What event probably was the cause of death?
 - a. Infarction of lung tissue caused by pulmonary emboli
 - b. COPD
 - c. Myocardial infarction
4. What best describes the pulmonary parenchyma in the lower left lobe?
 - a. Alveoli are filled with tumor.
 - b. Alveoli are collapsed, with central area of bleeding.
 - c. Alveoli are filled with pus and blood.

X-RAY AND BRONCHOSCOPY REPORTS

1. *CXR*: Complete opacification of left hemithorax with deviation of mediastinal structures of right side. Massive pleural effusion.
2. *Chest tomograms*: Mass most compatible with LUL bronchogenic carcinoma. Possible left paratracheal adenopathy or direct involvement of mediastinum.
3. *Bronchoscopy*: Larynx, trachea, **carina** [area of bifurcation or forking of the trachea], and left lung all within normal limits. On the right side there was irregularity and roughening of the bronchial mucosa on the lateral aspect of the bronchial wall. This irregularity extended into the RUL, and the apical and posterior segments [divisions of lobes of the lung] each contained inflamed irregular mucosa. Conclusion: Suspicious for infiltrating tumor, but may be nonspecific inflammation. Bronchial washings, brushings, and bxs [biopsies] taken. Bronchial biopsy diagnosis: squamous cell carcinoma. Washings and brushings showed no malignant cells.



IN PERSON

This is a first-person account of a woman with recurring pneumonia.

While growing up in West Virginia in the 1940s and 50s, I was frighteningly aware of the prevalence of lung diseases. With coal mining at its peak, large numbers of miners suffered and died from black lung disease. Tuberculosis was not uncommon and neither was pneumonia. Little did I imagine, then or in 1999, when I first contracted the disease, that recurring pneumonia would become my most troublesome medical issue.

As bitterly cold temperatures persisted during the winter of 1999, I was not particularly concerned about a lingering cold and cough. But when I developed a low-grade fever and decreased energy, a chest x-ray confirmed that I had pneumonia in my left lung (lower lobe). My doctor prescribed a one-week course of antibiotics and reassured me that the diagnosis was not unusual. I quickly improved and a follow-up x-ray showed that the pneumonia had cleared. My doctor then suggested that I receive the pneumonia vaccine, which produces antibodies against many types of pneumococcal bacteria. End of story. Or so I thought.

In October of 2001, at age 60, I began training to run the Boston Marathon. A few days after a long training run in January of 2002, cough and cold symptoms, a low-grade fever, and rather marked fatigue set in. The thought of pneumonia did not cross my mind initially. But, when symptoms didn't improve, a visit to my doctor and chest x-ray confirmed my second diagnosis of pneumonia, again in my left lower lobe. I felt some relief when my physician, a pulmonologist and a serious runner himself, assured me that cold weather training had not caused the pneumonia. I recovered quickly, after a two-week course of antibiotics, and resumed training, completing the marathon in April. A follow-up chest CT performed in May showed no abnormal result, and a bronchoscopy in June ruled out any malignancy that might have led to pneumonia. Relieved, I assumed I was finished with pneumonia.

However, pneumonia wasn't finished with me. The next bout came three years later, in the right upper lobe. After antibiotic treatment, I managed to be pneumonia-free for the next six years. But in late July of 2011, I experienced a cold and cough in hot weather, which was quite unusual for me. Surely this can't be pneumonia. After all, it has been 6 years! I began to wonder when tightness in my upper chest and extreme fatigue followed the cold and cough symptoms. Sure enough, I had pneumonia once again. With this latest diagnosis, my doctor became more focused on identifying the possible underlying cause(s) of my recurring pneumonia.

The disease hit again just six months later, in December of 2011. After appearing to resolve following two weeks of antibiotics, the pneumonia returned less than a month later. Now, to see if there was an issue with my immune system, my doctor ordered immunoglobulin (antibody) testing. The results were normal. No clues here. Another pneumonia episode occurred in May of 2012, this time accompanied by a 104-degree fever. This one took a little longer to resolve, again with antibiotics. By this time my levels of bewilderment and anxiety were going up a notch with each episode.

With the referral of my doctor, I sought out a pulmonologist, one who specializes in the treatment of pneumonia, to undergo additional studies that might yield useful information. Over a two-day period, pulmonary function tests were conducted, and computers tracked the results. I was given albuterol, a substance that aids in breathing and is often administered to people who have asthma. But the albuterol did not increase my breathing efficiency significantly. Other tests ruled out various other abnormalities.

With all the information, gathered and evaluated by experts, what happens next? At this point, the doctors conclude that my pneumonia is probably idiopathic. They suggest that I have a follow-up CT scan and additional testing when pneumonia episodes actually occur. They also caution me about exposure around children and hospitalized patients. I asked my lung specialist if he thought this pneumonia puzzle would ever be resolved. His reply was, "Something is going on that we will eventually understand. We just haven't figured it out yet." Unsettling and stress producing as this has been, I know I am fortunate to be dealing with an illness that has, so far, responded to medication. Still, every time I get cold signs and symptoms, I worry. And I never take good health for granted.



Brenda Melson's professional career was in teaching, counseling, and college advising.



EXERCISES

Remember to check your answers carefully with the Answers to Exercises, page 492.

A Match the following anatomic structures with their descriptions below.

adenoids
alveoli
bronchi
bronchioles
cilia

epiglottis
hilum
larynx
mediastinum
palatine tonsils

paranasal sinuses
parietal pleura
pharynx
trachea
visceral pleura

1. outer fold of pleura lying closer to the ribs _____
2. collections of lymph tissue in the nasopharynx _____
3. windpipe _____
4. lid-like piece of cartilage that covers the voice box _____
5. branches of the windpipe that lead into the lungs _____
6. region between the lungs in the chest cavity _____
7. air-containing cavities in the bones around the nose _____
8. thin hairs attached to the mucous membrane lining the respiratory tract

9. inner fold of pleura closer to lung tissue _____
10. throat _____
11. air sacs of the lung _____
12. voice box _____
13. smallest branches of bronchi _____
14. collections of lymph tissue in the oropharynx _____
15. midline region of the lungs where bronchi, blood vessels, and nerves enter and exit the lungs

B Complete the following sentences.

1. The apical part of the lung is the _____.
2. The gas that passes into the bloodstream at the lungs is _____.
3. Breathing in air is called _____.
4. Divisions of the lungs are known as _____.

5. The gas produced by cells and exhaled through the lungs is _____.
6. The space between the visceral and the parietal pleura is the _____.
7. Breathing out air is called _____.
8. The essential tissues of the lung that perform its main function are pulmonary _____.
9. The exchange of gases in the lung is _____ respiration.
10. The exchange of gases at the tissue cells is _____ respiration.

C Give meanings for the following terms relating to respiratory disorders and structures.

1. bronchiectasis _____
2. pleuritis _____
3. pneumothorax _____
4. anosmia _____
5. laryngectomy _____
6. nasopharyngitis _____
7. phrenic _____
8. alveolar _____
9. glottis _____
10. tracheal stenosis _____

D Complete the medical terms for the following respiratory symptoms.

1. excessive carbon dioxide in the blood: hyper_____
2. breathing is easiest or possible only in an upright position: _____pnea
3. difficult breathing: _____pnea
4. condition of blueness of skin: _____osis
5. spitting up blood: hemo_____
6. deficiency of oxygen: hyp_____
7. condition of pus in the pleural cavity: pyo_____ or em_____
8. hoarseness; voice impairment: dys_____
9. blood in the pleural cavity: hemo_____
10. nosebleed: epi_____

E Give the meanings of the following medical terms.

1. rales (crackles) _____
2. auscultation _____
3. sputum _____
4. percussion _____
5. rhonchi _____
6. pleural rub _____
7. purulent _____
8. paroxysmal nocturnal dyspnea _____
9. hydrothorax _____
10. pulmonary infarction _____
11. stridor _____
12. wheeze _____

F Match the following terms with the descriptions below.

asbestosis
asthma
atelectasis
chronic bronchitis

croup
cystic fibrosis
diphtheria
emphysema

infiltrate
lung cancer
pertussis
sarcoidosis

1. acute infectious disease of the throat caused by *Corynebacterium* _____
2. acute respiratory syndrome in children and infants that is marked by obstruction of the larynx and stridor _____
3. hyperinflation of air sacs with destruction of alveolar walls _____
4. inflammation of tubes that lead from the trachea, over a long period of time _____
5. chronic inflammatory disorder characterized by airway obstruction _____
6. lung or a portion of a lung is collapsed _____
7. malignant neoplasm originating in a lung or bronchus _____
8. whooping cough _____
9. a collection of fluid or other material within the lung as seen on chest film, CT scan, or other radiologic study _____
10. inherited disease of exocrine glands; mucous secretions lead to airway obstruction _____
11. type of pneumoconiosis; dust particles are inhaled _____
12. inflammatory disease in which small nodules form in lungs and lymph nodes _____

G Use the following terms and abbreviations to complete the sentences below.

CPAP	fibrosis	PaO ₂
DL _{CO}	obstructive lung disease	palliative
exudate	OSA	restrictive lung disease
FEV ₁	PaCO ₂	rhonchi

- Sarah had a pulmonary function test in which she inhaled as much air as she could and the air that she expelled in the first second was measured. The result of this PFT is a/an _____.
- Dr. Smith heard loud _____ when he auscultated Kate's chest. Her bronchial tubes were obstructed with thick mucous secretions.
- Karl was asked to breathe in a small amount of carbon monoxide and then blood samples were taken to detect the gas in his bloodstream. This PFT assesses how well gases can diffuse across the alveolar membrane, and the result of the test is called _____.
- Formation of scar tissue in the connective tissue of the lungs is pulmonary _____.
- A purulent _____ consists of white blood cells, microorganisms (dead and alive), and other debris.
- Myasthenia gravis and muscular dystrophy are examples of neuromuscular conditions that produce _____.
- Chronic bronchitis and asthma are examples of _____.
- Patients with a small pharyngeal airway that closes during sleep may experience _____.
- With nasal _____, positive pressure (air coming from a compressor) opens the oropharynx and nasopharynx, preventing obstructive sleep apnea.
- Doctors realized that they could not cure Jean's adenocarcinoma of the lung. They used _____ measures to relieve her uncomfortable symptoms.
- During an apneic period, a patient experiences severe hypoxemia (decreased _____) and hypercapnia (increased _____).

H Give the meanings of the following medical terms.

- pulmonary abscess _____
- pulmonary edema _____
- pneumoconiosis _____
- pneumonia _____
- pulmonary embolism _____

6. tuberculosis _____
7. pleural effusion _____
8. pleurisy _____
9. anthracosis _____
10. mesothelioma _____
11. adenoid hypertrophy _____
12. pleurodynia _____
13. expectoration _____
14. tachypnea _____

I Match the clinical procedure or abbreviation with its description.

bronchoalveolar lavage	laryngoscopy	tracheostomy
bronchoscopy	mediastinoscopy	tube thoracostomy
CT pulmonary angiography	pulmonary function tests	tuberculin tests
endotracheal intubation	thoracentesis	V/Q scan

1. placement of a tube through the mouth into the trachea to establish an airway

2. injection or inhalation of radioactive material and recording images of its distribution in the lungs _____
3. tine and Mantoux tests _____
4. puncture of the chest wall to obtain fluid from the pleural cavity _____
5. tests that measure the ventilation mechanics of the lung _____
6. creation of an opening into the trachea through the neck to establish an airway

7. visual examination of the bronchi _____
8. injection of fluid into the bronchi, followed by withdrawal of the fluid for examination

9. insertion of an endoscope into the larynx to view the voice box _____
10. combination of computer-generated x-ray images and recording (with contrast) of blood flow in the lung _____
11. visual examination of the area between the lungs _____
12. continuous drainage of the pleural spaces from a chest tube placed through a small skin incision

J Give the meanings of the following abbreviations and then select the letter of the sentence that is the best association for each.

COLUMN I

1. DOE _____
2. PND _____
3. VATS _____
4. CPR _____
5. NSCLC _____
6. ARDS _____
7. COPD _____
8. PFTs _____
9. PPD _____
10. DPT _____

COLUMN II

- A. Patients with congestive heart failure and pulmonary edema experience this symptom when they recline in bed.
- B. Chronic bronchitis and emphysema are examples.
- C. Substance used in the test for tuberculosis.
- D. Adenocarcinoma and squamous cell carcinoma are types.
- E. Visual examination of the chest via endoscope and a video monitor.
- F. Injection in an infant to provide immunity.
- G. A spirometer is used for these respiratory tests.
- H. This symptom means that a patient has difficulty breathing and becomes short of breath when exercising.
- I. Three basic steps: A, airway opened by tilting the head; B, breathing restored by mouth-to-mouth breathing; C, circulation restored by external cardiac compression.
- J. A group of symptoms resulting in acute respiratory failure.

K Match the respiratory system procedures with their meanings.

laryngectomy
lobectomy
pneumonectomy

rhinoplasty
thoracentesis
thoracoscopy (thorascopy)

thoracotomy
tonsillectomy

1. removal of lymph tissue in the oropharynx _____
2. surgical puncture of the chest to remove fluid from the pleural space _____
3. surgical repair of the nose _____
4. incision of the chest _____
5. removal of the voice box _____
6. removal of a region of a lung _____
7. endoscopic examination of the chest _____
8. pulmonary resection _____

L Circle the boldface term that best completes the meaning of each sentence.

1. Ruth was having difficulty taking a deep breath, and her chest x-ray showed accumulation of fluid in her pleural spaces. Dr. Smith ordered (**PPD, tracheotomy, thoracentesis**) to relieve the pressure on her lungs.
2. Dr. Wong used her stethoscope to perform (**percussion, auscultation, thoracentesis**) on the patient's chest.
3. Before making a decision to perform surgery on Mrs. Hope, an 80-year-old woman with lung cancer, her physicians ordered (**COPD, bronchoscopy, PFTs**) to determine the functioning of her lungs.
4. Sylvia produced yellow-colored sputum and had a high fever. Her physician told her that she probably had (**pneumonia, pulmonary embolism, pneumothorax**) and needed antibiotics.
5. The night before her thoracotomy for lung biopsy, Mrs. White was told by her anesthesiologist that he would place a/an (**thoracostomy tube, mediastinoscope, endotracheal tube**) down her throat to keep her airway open during surgery.
6. Early in her pregnancy, Sonya had a routine (**PET scan, CXR, MRI**) that revealed a/an (**epiglottic, alveolar, mediastinal**) mass in the area between her lungs. After delivery of her child, the mass was removed, and biopsy revealed a malignant thymoma (tumor of the thymus gland).
7. Five-year-old Seth was allergic to cats and experienced wheezing, coughing, and difficult breathing at night when he was trying to sleep. After careful evaluation by a (**cardiologist, pulmonologist, neurologist**), his parents were told that Seth had (**pleurisy, sarcoidosis, asthma**) involving inflammation of his (**nasal passages, pharynx, bronchial tubes**).
8. Six-year-old Daisy had a habit of picking her nose. During the winter months, heat in her family's house caused drying of her nasal (**mucus, mucous, pleural**) membranes. She had frequent bouts of (**epistaxis, croup, stridor**).
9. Seventy-five-year-old Beatrice had been a pack-a-day smoker all of her adult life. Over the previous 3 months she noticed a persistent cough, weight loss, blood in her sputum (**hemoptysis, hematemesis, asbestosis**), and dyspnea. A chest CT scan revealed a mass. Biopsy confirmed the diagnosis of (**tuberculosis, pneumoconiosis, adenocarcinoma**), which is a type of (**small cell, non-small cell, lymph node**) lung cancer.
10. Carrie's lungs were normal at birth, but thick bronchial secretions soon blocked her (**arterioles, venules, bronchioles**), which became inflamed. She was losing weight, and tests revealed inadequate amounts of pancreatic enzymes necessary for digestion of fats and proteins. Her pediatrician diagnosed her hereditary condition as (**chronic bronchitis, asthma, cystic fibrosis**).

ANSWERS TO EXERCISES

A

- | | | |
|--------------------|----------------------|----------------------|
| 1. parietal pleura | 6. mediastinum | 11. alveoli |
| 2. adenoids | 7. paranasal sinuses | 12. larynx |
| 3. trachea | 8. cilia | 13. bronchioles |
| 4. epiglottis | 9. visceral pleura | 14. palatine tonsils |
| 5. bronchi | 10. pharynx | 15. hilum |

B

- | | | |
|----------------------------|---------------------------|---------------|
| 1. uppermost part | 5. carbon dioxide | 8. parenchyma |
| 2. oxygen | 6. pleural cavity | 9. external |
| 3. inspiration; inhalation | 7. expiration; exhalation | 10. internal |
| 4. lobes | | |

C

- | | | |
|--------------------------------------|--|--------------------------------|
| 1. chronic dilation of a bronchus | 5. removal of the voice box | 7. pertaining to the diaphragm |
| 2. inflammation of pleura | 6. inflammation of the nose and throat | 8. pertaining to an air sac |
| 3. air in the chest (pleural cavity) | | 9. opening to the larynx |
| 4. lack of sense of smell | | 10. narrowing of the windpipe |

D

- | | | |
|----------------|-----------------------|---------------|
| 1. hypercapnia | 5. hemoptysis | 8. dysphonia |
| 2. orthopnea | 6. hypoxia | 9. hemothorax |
| 3. dyspnea | 7. pyothorax; empyema | 10. epistaxis |
| 4. cyanosis | | |

E

- | | | |
|---|---|--|
| 1. fine crackling sounds heard during inhalation when there is fluid in the alveoli | 6. scratching sound produced by pleural surfaces rubbing against each other (caused by inflammation or tumor cells) | 9. fluid in the pleural cavity |
| 2. listening to sounds within the body | 7. pus-filled | 10. area of dead tissue in the lung |
| 3. material expelled from the respiratory tract by deep coughing and spitting | 8. sudden attack of difficult breathing associated with lying down at night (caused by congestive heart failure and pulmonary edema as the lungs fill with fluid) | 11. strained, high-pitched inspirational sound |
| 4. tapping on the surface to determine the underlying structure | | 12. continuous high-pitched whistling sound produced during breathing when air is forced through a narrow space; heard in asthma |
| 5. loud rumbling sounds on auscultation of chest; bronchi obstructed by sputum | | |

F

- | | | |
|-----------------------|----------------|---------------------|
| 1. diphtheria | 5. asthma | 9. infiltrate |
| 2. croup | 6. atelectasis | 10. cystic fibrosis |
| 3. emphysema | 7. lung cancer | 11. asbestosis |
| 4. chronic bronchitis | 8. pertussis | 12. sarcoidosis |

G

- | | | |
|--|---------------------------------|--|
| 1. FEV ₁ (forced expiratory volume in first second) | 4. fibrosis | 9. CPAP: continuous positive airway pressure |
| 2. rhonchi | 5. exudate | 10. palliative |
| 3. DL _{CO} (diffusion capacity of the lung for carbon monoxide) | 6. restrictive lung disease | 11. PaO ₂ , PaCO ₂ |
| | 7. obstructive lung disease | |
| | 8. OSA: obstructive sleep apnea | |

H

- | | | |
|---|---|---|
| 1. collection of pus in the lungs | 6. an infectious disease caused by rod-shaped bacilli and producing tubercles (nodes) of infection | 11. excessive growth of cells in the adenoids (lymph tissue in the nasopharynx) |
| 2. swelling, fluid collection in the air sacs and bronchioles | 7. collection of fluid in the pleural cavity | 12. pain of the pleura (irritation of pleural surfaces leads to intercostal pain) |
| 3. abnormal condition of dust in the lungs | 8. inflammation of pleura | 13. coughing up of material from the chest |
| 4. acute inflammation and infection of alveoli; they become filled with fluid and blood cells | 9. abnormal condition of coal dust in the lungs (black lung disease) | 14. rapid breathing; hyperventilation |
| 5. floating clot or other material blocking the blood vessels of the lung | 10. malignant tumor arising in the pleura; composed of mesothelium (epithelium that covers the surfaces of membranes such as pleura and peritoneum) | |

I

- | | | |
|----------------------------|-----------------------------|------------------------------|
| 1. endotracheal intubation | 5. pulmonary function tests | 9. laryngoscopy |
| 2. V/Q scan | 6. tracheostomy | 10. CT pulmonary angiography |
| 3. tuberculin tests | 7. bronchoscopy | 11. mediastinoscopy |
| 4. thoracentesis | 8. bronchoalveolar lavage | 12. tube thoracostomy |

J

- | | | |
|---------------------------------------|---|---|
| 1. dyspnea on exertion: H | 6. acute (adult) respiratory distress syndrome: J | 8. pulmonary function tests: G |
| 2. paroxysmal nocturnal dyspnea: A | 7. chronic obstructive pulmonary disease: B | 9. purified protein derivative: C |
| 3. video-assisted thoracic surgery: E | | 10. diphtheria, pertussis, and tetanus: F |
| 4. cardiopulmonary resuscitation: I | | |
| 5. non-small cell lung cancer: D | | |

K

- | | | |
|------------------|-----------------|------------------------------|
| 1. tonsillectomy | 4. thoracotomy | 7. thoracoscopy (thorascopy) |
| 2. thoracentesis | 5. laryngectomy | 8. pneumonectomy |
| 3. rhinoplasty | 6. lobectomy | |

L

- | | | |
|------------------|---|---|
| 1. thoracentesis | 5. endotracheal tube | 8. mucous; epistaxis |
| 2. auscultation | 6. CXR; mediastinal | 9. hemoptysis; adenocarcinoma; non-small cell |
| 3. PFTs | 7. pulmonologist; asthma; bronchial tubes | 10. bronchioles; cystic fibrosis |
| 4. pneumonia | | |

Answers to Practical Applications**Autopsy Report**

- | | |
|------|------|
| 1. c | 3. a |
| 2. b | 4. b |



PRONUNCIATION OF TERMS

To test your understanding of the terminology in this chapter, write the meaning of each term in the space provided. In addition, you may wish to cover the terms and write them by looking at your definitions. Make sure your spelling is correct. The page number after each term indicates where it is defined or used in the book, so you can easily check your responses. You will find complete definitions for all of these terms and their audio pronunciations on the Evolve website.

Pronunciation Guide

ā as in āpe	ă as in ăpple
ē as in ēven	ě as in ěvery
ī as in īce	ĩ as in ĩnterest
ō as in ōpen	ő as in pőt
ū as in ūnit	ű as in űnder

Vocabulary and Terminology

TERM	PRONUNCIATION	MEANING
adenoidectomy (463)	ăd-ě-noyd-ĚK-tō-mē	
adenoid hypertrophy (463)	ĂD-ě-noyd hī-PĚR-trō-fē	
adenoids (462)	ĂD-ě-noydz	
alveolar (463)	ăl-VĒ-ō-lăr	
alveolus; alveoli (462)	ăl-VĒ-ō-lŭs; ăl-VĒ-ō-lī	
anosmia (467)	ăn-ŎS-mē-ă	
apex of the lung (462)	Ā-pěkz of the lŭng	
apical (462)	Ā-pī-kăl	
apnea (468)	ĂP-nē-ă	
asphyxia (468)	ăs-FĬK-sē-ă	
atelectasis (467)	ă-tě-LĚK-tă-sīs	
base of the lung (462)	bās of the lŭng	
bronchiectasis (463)	brŏng-kē-ĚK-tă-sīs	
bronchioles (462)	BRŎNG-kē-ŏlz	
bronchiolitis (463)	brŏng-kē-ŏ-LĪ-tīs	
bronchodilator (463)	brŏng-kō-DĪ-lă-těr	
bronchopleural (463)	brŏng-kō-PLOO-răl	
bronchospasm (463)	BRŎNG-kō-spăzm	
bronchus; bronchi (462)	BRŎNG-kŭs; BRŎNG-kī	
carbon dioxide (462)	KĀR-bŏn dī-ŎK-sīd	
cilia (462)	SĪL-ē-ă	
cyanosis (464)	sī-ă-NŎ-sīs	
diaphragm (462)	DĪ-ă-frăm	

TERM	PRONUNCIATION	MEANING
dysphonia (465)	dīs-FŌ-nē-ă	_____
dyspnea (468)	DĬSP-nē-ă	_____
empyema (467)	ēm-pī-Ē-mă	_____
epiglottis (462)	ēp-ī-GLŌT-īs	_____
epiglottitis (464)	ēp-ī-glŏ-TĪ-tīs	_____
expectoration (465)	ěk-spěk-tō-RĀ-shŭn	_____
expiration (462)	ěks-pĭr-RĀ-shŭn	_____
glottis (462)	GLŌ-tīs	_____
hemoptysis (468)	hē-MŌP-tī-sīs	_____
hemothorax (468)	hē-mō-THŌ-răks	_____
hilum of the lung (462)	HĪ-lŭm of the lŭng	_____
hilar (462)	HĪ-lăr	_____
hypercapnia (463)	hī-pěr-KĀP-nē-ă	_____
hyperpnea (468)	hī-PĚRP-nē-ă	_____
hypoxia (465)	hī-PŎK-sē-ă	_____
inspiration (462)	ĭn-spĭ-RĀ-shŭn	_____
laryngeal (464)	lă-RĬN-jē-ăl <i>or</i> lăr-ĭn-JĒ-ăl	_____
laryngospasm (464)	lă-RĬNG-gō-spăzm	_____
laryngitis (464)	lă-rĭn-JĪ-tīs	_____
larynx (462)	LĂR-ĭnks	_____
lobectomy (464)	lō-BĚK-tō-mē	_____
mediastinoscopy (465)	mē-dē-ă-stī-NŎS-kō-pē	_____
mediastinum (462)	mē-dē-ă-STĪ-nŭm	_____
nares (462)	NĀ-rēz	_____
nasogastric intubation (465)	nā-zō-GĂS-trĭk ĭn-too-BĀ-shŭn	_____
orthopnea (465)	ŏr-THŎP-nē-ă	_____
oxygen (462)	ŎKS-ĭ-jĕn	_____
palatine tonsil (462)	PĂL-ĭ-tĭn TŎN-sĭl	_____
paranasal sinus (462)	pă-ră-NĀ-zăl SĪ-nŭs	_____
parietal pleura (462)	pă-RĪ-ě-tăl PLOO-ră	_____
pharyngeal (465)	fă-RĬN-jē-ăl <i>or</i> făr-ĭn-JĒ-ăl	_____

TERM	PRONUNCIATION	MEANING
pharynx (463)	FĂR-înkz	_____
phrenic nerve (465)	FRĚN-îk něrv	_____
pleura (463)	PLOOR-ă	_____
pleural cavity (463)	PLOOR-ăl KĂ-vĩ-tē	_____
pleurodynia (465)	ploor-ō-DĚN-ē-ă	_____
pneumonectomy (466)	nũ-mō-NĚK-tō-mē	_____
pneumothorax (466)	nũ-mō-THŌ-răks	_____
pulmonary (466)	PŮL-mō-nār-ē	_____
pulmonary parenchyma (463)	pŭl-mō-NĀR-ē pă-RĚN-kĩ-mă	_____
pyothorax (468)	pĩ-ō-THŌ-răks	_____
respiration (463)	rēs-pĩ-RĀ-shĕn	_____
rhinoplasty (466)	RĪ-nō-plăs-tē	_____
rhinorrhea (466)	rĩ-nō-RĚ-ăh	_____
sinusitis (466)	sĩ-nũ-SĪ-tĩs	_____
spirometer (466)	spĩ-RŌM-ě-těr	_____
tachypnea (468)	tăk-ĪP-nē-ă	_____
thoracic (467)	thōr-RĀ-sĩk	_____
thoracotomy (467)	thōr-ră-KŌT-ō-mē	_____
tonsillectomy (467)	tŏn-sĩ-LĚK-tō-mē	_____
trachea (463)	TRĀ-kē-ă	_____
tracheal stenosis (467)	TRĀ-kē-ăl stě-NŌ-sĩs	_____
tracheotomy (467)	tră-kē-ŌT-ō-mē	_____
visceral pleura (463)	VĚS-ěr-ăl PLOOR-ă	_____

Pathologic Conditions, Laboratory Tests, and Clinical Procedures

TERM	PRONUNCIATION	MEANING
anthracosis (475)	ăn-thră-KŌ-sĩs	_____
asbestosis (475)	ăs-bēs-TŌ-sĩs	_____
asthma (470)	ĂZ-mă	_____
atelectasis (471)	ă-tě-LĚK-tă-sĩs	_____
auscultation (469)	ăw-skŭl-TĀ-shŭn	_____

TERM	PRONUNCIATION	MEANING
bacilli (475)	bă-SĪL-ī	_____
bronchoalveolar lavage (477)	BRŌNG-kō-āl-vē-Ō-lar lă-VĀJ	_____
bronchiectasis (470)	brōng-kē-ĚK-tă-sīs	_____
bronchoscopy (477)	brōng-KŌS-kō-pē	_____
chronic bronchitis (470)	KRŌ-nĭk brōng-KĪ-tīs	_____
chronic obstructive pulmonary disease (475)	KRŌ-nĭk ōb-STRŪK-tĭv PŪL-mō-nă-rē dĩ-ZĚZ	_____
computed tomography (476)	kôm-PŪ-tĭd tō-MŌG-ră-fē	_____
cor pulmonale (475)	kôr pŭl-mō-NĀ-lē	_____
croup (470)	kroop	_____
cystic fibrosis (471)	SĪS-tĭk fĭ-BRŌ-sīs	_____
diphtheria (470)	dĭf-THĚR-ē-ă	_____
emphysema (471)	ēm-fĭ-ZĚ-mă	_____
endotracheal intubation (478)	ěn-dō-TRĀ-kē-āl ĩn-tŭ-BĀ-shŭn	_____
epistaxis (470)	ēp-ĭ-STĀK-sīs	_____
exudate (475)	ĚK-sŭ-dăt	_____
hydrothorax (475)	hĭ-drō-THŌR-ăks	_____
infiltrate (475)	ĪN-fĭl-trăt	_____
laryngoscopy (478)	lăr-ĭng-GŌS-kō-pē	_____
lung biopsy (478)	lŭng BĪ-ŏp-sē	_____
lung cancer (472)	lŭng KĀN-sēr	_____
magnetic resonance imaging of the chest (497)	măg-NĚ-tĭk RĚ-zō-năns ĪM-ă-gĭng of the chĕst	_____
mediastinoscopy (478)	mē-dē-ă-stĭ-NŌS-kō-pē	_____
mesothelioma (474)	mĕz-ŏ-thē-lē-Ō-mă	_____
obstructive lung disease (478)	ŏb-STRŪK-tĭv lŭng dĩ-ZĚZ	_____
palliative (475)	PĀL-ē-ă-tĭv	_____
paroxysmal (475)	păr-ŏk-SĪZ-măl	_____
percussion (469)	pěr-KŪSH-ŭn	_____
pertussis (470)	pěr-TŪS-ĭs	_____
pleural effusion (475)	PLOOR-ăl ě-FŪ-zhŭn	_____
pleural rub (469)	PLOOR-ăl rŭb	_____

TERM	PRONUNCIATION	MEANING
pleurisy (475)	PLOOR-ĭ-sē	_____
pneumoconiosis (472)	nū-mō-kō-nē-Ō-sīs	_____
pneumonia (473)	nū-MŌ-nē-ă	_____
pneumothorax (475)	nū-mō-THÖR-ăks	_____
positron emission tomography (477)	PÖS-ĭ-trŏn ē-Mĭ-shŭn tō-MÖG-ră-fē	_____
pulmonary abscess (473)	PŬL-mō-nă-rē ĀB-sēs	_____
pulmonary edema (473)	PŬL-mō-nă-rē ě-DE-mă	_____
pulmonary embolism (474)	PŬL-mō-nă-rē ĚM-bō-lizm	_____
pulmonary fibrosis (474)	PŬL-mō-nă-rē fĭ-BRŌ-sīs	_____
pulmonary function tests (478)	PŬL-mō-nă-rē FŬNK-shŭn tĕsts	_____
pulmonary infarction (475)	PŬL-mō-nă-rē ĩn-FĀRK-shŭn	_____
purulent (475)	PŪ-rŭ-lĕnt	_____
rales (469)	răhlz	_____
restrictive lung disease (478)	rē-STRĪK-tĭv lŭng dĩ-ZĒZ	_____
rhonchi (469)	RÖNG-kĭ	_____
sarcoidosis (474)	săr-koy-DŌ-sīs	_____
silicosis (475)	sĭ-lĭ-KŌ-sīs	_____
sputum (469)	SPŪ-tŭm	_____
sputum culture (469)	SPŪ-tŭm KŬL-chŭr	_____
stridor (469)	STRĪ-dŏr	_____
thoracentesis (479)	thō-ră-sĕn-TĒ-sīs	_____
thoracotomy (480)	thō-ră-KŌ-tō-mē	_____
thoracoscopy (thorascopy) (480)	thō-ră-KŌS-kō-pĕ (thō-RĀS-kō-pĕ)	_____
tracheostomy (480)	tră-kē-ŌS-tō-mē	_____
tuberculin test (480)	too-BĚR-kŭ-lĭn tĕst	_____
tuberculosis (474)	too-bĕr-kŭ-LŌ-sīs	_____
tube thoracostomy (480)	toob thŏr-ă-KŌS-tō-mē	_____
ventilation-perfusion scan (477)	vĕn-tĭ-LĀ-shŭn pĕr-FŬ-zhŭn săn	_____
wheezes (469)	WĒZ-ĕz	_____



REVIEW SHEET

Write the meanings of the word parts in the spaces provided. Check your answers with the information in the chapter or in the Glossary (Medical Word Parts—English) at the end of the book.

Combining Forms

COMBINING FORM	MEANING	COMBINING FORM	MEANING
adenoid/o	_____	pector/o	_____
alveol/o	_____	pharyng/o	_____
bronch/o	_____	phon/o	_____
bronchi/o	_____	phren/o	_____
bronchiol/o	_____	pleur/o	_____
capn/o	_____	pneum/o	_____
coni/o	_____	pneumon/o	_____
cyan/o	_____	pulmon/o	_____
epiglott/o	_____	py/o	_____
hydr/o	_____	rhin/o	_____
laryng/o	_____	sinus/o	_____
lob/o	_____	spir/o	_____
mediastin/o	_____	tel/o	_____
nas/o	_____	thorac/o	_____
or/o	_____	tonsill/o	_____
orth/o	_____	trache/o	_____
ox/o	_____		

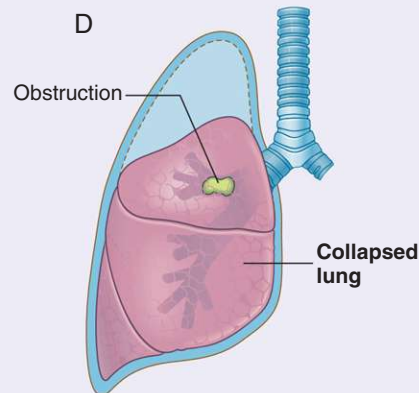
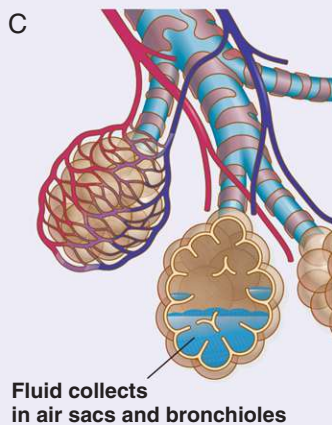
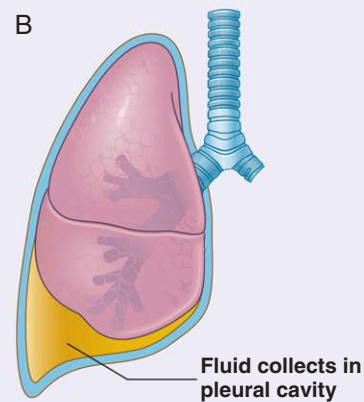
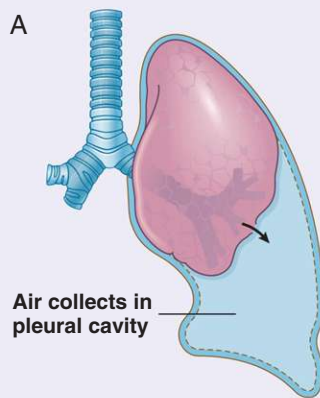
Suffixes

SUFFIX	MEANING	SUFFIX	MEANING
-algia	_____	-plasty	_____
-capnia	_____	-pnea	_____
-centesis	_____	-ptysis	_____
-dynia	_____	-rrhea	_____
-ectasis	_____	-scopy	_____
-ectomy	_____	-sphyxia	_____
-ema	_____	-stenosis	_____
-lysis	_____	-stomy	_____
-osmia	_____	-thorax	_____
-oxia	_____	-tomy	_____
-phonia	_____	-trophy	_____

Prefixes

PREFIX	MEANING	PREFIX	MEANING
a-, an-	_____	hyper-	_____
brady-	_____	hypo-	_____
dys-	_____	para-	_____
em-	_____	per-	_____
eu-	_____	re-	_____
ex-	_____	tachy-	_____

Label the following lung abnormalities: atelectasis, pleural effusion, pneumothorax, and pulmonary edema.



CHAPTER 13

Blood System

This chapter is divided into the following sections:

Introduction, 502

Composition and Formation of Blood, 502

Blood Types, 508

Blood Clotting, 508

Vocabulary, 510

Terminology, 512

Pathology, 515

Laboratory Tests and Clinical Procedures, 520

Abbreviations, 524

Practical Applications, 526

In Person: Stem Cell Transplant, 528

Exercises, 530

Answers to Exercises, 537

Pronunciation of Terms, 539

Review Sheet, 543

CHAPTER GOALS

- Identify terms relating to the composition, formation, and function of blood.
- Differentiate among the four major blood types.
- Identify terms related to blood clotting.
- Build words and recognize combining forms used in blood system terminology.
- Identify various pathologic conditions affecting blood.
- Describe various laboratory tests and clinical procedures used with hematologic disorders, and recognize relevant abbreviations.
- Apply your new knowledge to understanding medical terms in their proper contexts, such as medical reports and records.

INTRODUCTION

The primary function of blood is to maintain a constant environment for the other living tissues of the body. Blood transports nutrients, gases, and wastes to and from the cells of the body. Nutrients from food, digested in the stomach and small intestine, pass into the bloodstream through the lining cells of the small intestine. Blood then carries these nutrients to all body cells. Oxygen enters the body through the air sacs of the lungs. Red blood cells then transport the oxygen to cells throughout the body. Blood also helps remove the waste products released by cells. It carries gaseous waste (such as carbon dioxide) to the lungs to be exhaled. It carries chemical waste, such as urea, to the kidneys to be excreted in the urine.

Blood transports chemical messengers called hormones from their sites of secretion in glands, such as the thyroid or pituitary, to distant sites where they regulate growth, reproduction, and energy production. These hormones are discussed later in the endocrine chapter.

Finally, blood contains proteins, white blood cells and antibodies that fight infection, and platelets (thrombocytes) and other proteins that help the blood to clot.

COMPOSITION AND FORMATION OF BLOOD

Blood is composed of **cells**, or formed elements, suspended in a clear, straw-colored liquid called **plasma**. The cells normally constitute 45% of the blood volume and include **erythrocytes** (red blood cells), **leukocytes** (white blood cells), and **platelets** or **thrombocytes** (clotting cells). The remaining 55% of blood is plasma, a solution of water, proteins, sugar, salts, hormones, lipids, and vitamins.

CELLS

Beginning at birth, all blood cells originate in the marrow cavity of bones. Both the red blood cells that carry oxygen and the white blood cells that fight infection arise from the same blood-forming or **hematopoietic stem cells**. Under the influence of proteins in the blood and bone marrow, stem cells change their size and shape to become specialized, or **differentiated**. In this process, the cells change in size from large (immature cells) to small (mature forms), and the cell nucleus shrinks (in red cells, the nucleus actually disappears). Figure 13-1 illustrates these changes in the formation of blood cells. Use Figure 13-1 as a **reference** as you learn the names of mature blood cells and their earlier forms.

ERYTHROCYTES

As a red blood cell matures (from erythroblast to erythrocyte), it loses its nucleus and assumes the shape of a biconcave disk. This shape (a depressed or hollow surface on each side of the cell, resembling a cough drop with a thin central portion) allows for a large surface area so that absorption and release of gases (oxygen and carbon dioxide) can take place (Figure 13-2A and B). Red cells contain the unique protein **hemoglobin**, composed of **heme** (iron-containing pigment) and **globin** (protein). Hemoglobin enables the erythrocyte to carry oxygen. The combination of oxygen and hemoglobin (oxyhemoglobin) produces the bright red color of blood.

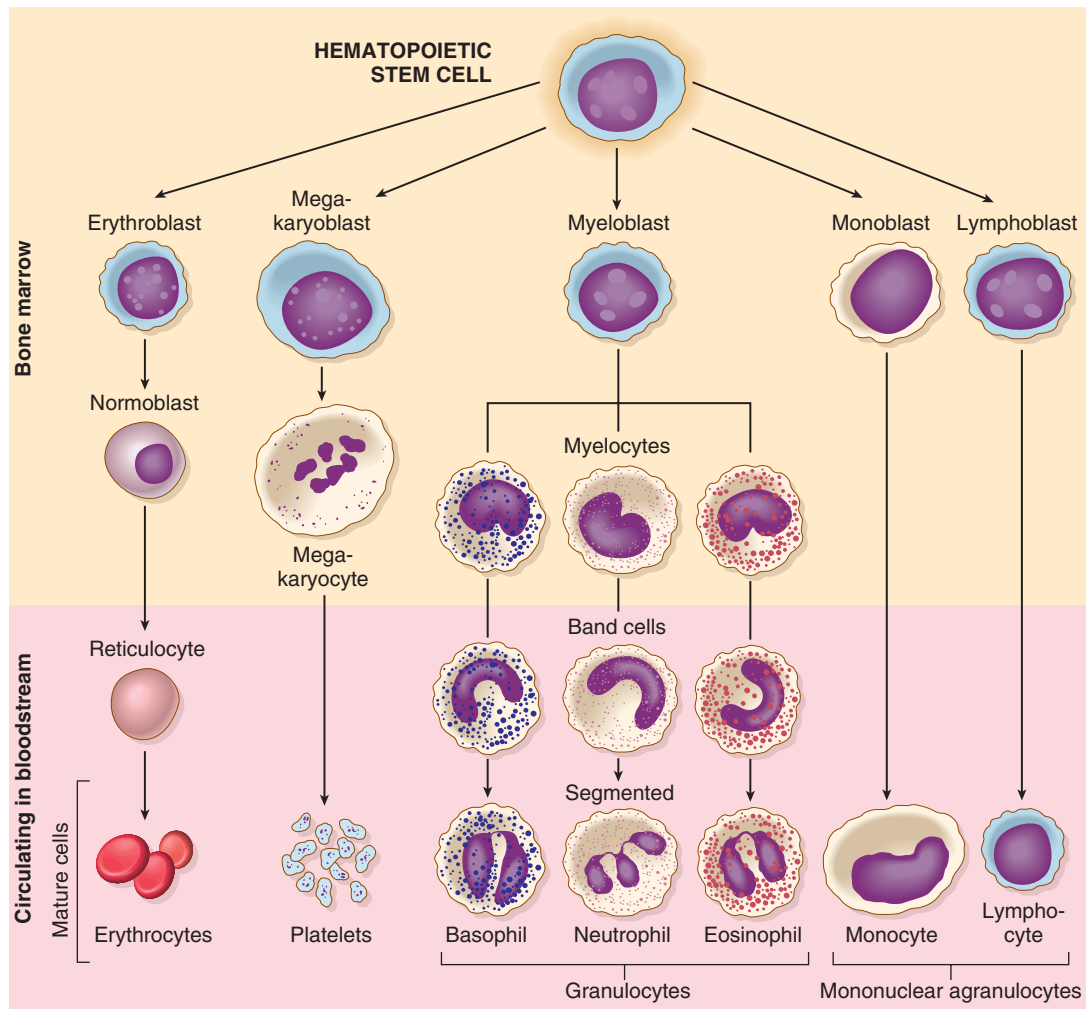


FIGURE 13-1 Stages in blood cell development (hematopoiesis). All blood cells originate from **hematopoietic stem cells**. **Progenitor cells** are derived from hematopoietic stem cells. **Myeloid progenitor cells** give rise to **erythroblasts**, **megakaryoblasts**, and **myeloblasts**. **Lymphoid progenitor cells** give rise to **monoblasts** and **lymphoblasts**. Notice that the suffix **-blast** indicates immature forms of all cells. **Band cells** are identical to **segmented granulocytes** except that the nucleus is U-shaped and its lobes are connected by a band rather than by a thin thread as in segmented forms.

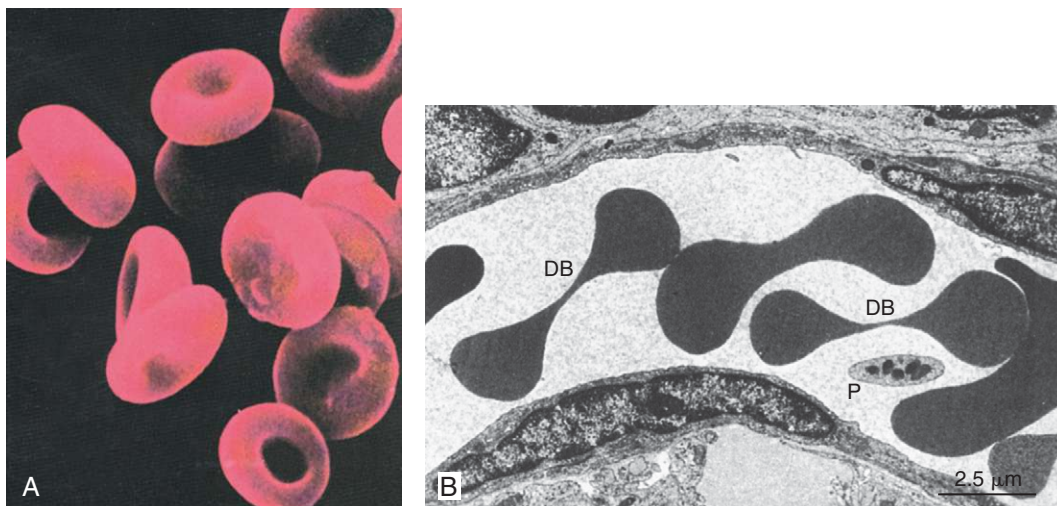


FIGURE 13-2 A, Normal erythrocytes (red blood cells). B, Electron micrograph showing erythrocytes within a capillary. Note the classic biconcave or “dumbbell” shape (**DB**) seen when the erythrocyte is cut through its thin central zone. A platelet (**P**) is seen as well.

Erythrocytes originate in the bone marrow. The hormone called **erythropoietin** (secreted by the kidneys) stimulates their production (**-poiesis** means formation). Erythrocytes live and fulfill their role of transporting gases for about 120 days in the bloodstream. After this time, **macrophages** (in the spleen, liver, and bone marrow) destroy the worn-out erythrocytes. This process is called **hemolysis**. From 2 to 10 million red cells are destroyed each second, but because they are constantly replaced, the number of circulating cells remains constant (4 to 6 million per μL of blood).

Macrophages break down erythrocytes and hemoglobin into heme and globin (protein) portions. The heme releases iron and decomposes into a yellow-orange pigment called **bilirubin**. The iron in hemoglobin is used again to form new red cells or is stored in the spleen, liver, or bone marrow. Bilirubin is excreted into bile by the liver, and from bile it enters the small intestine via the common bile duct. Finally it is excreted in the stool, where its color changes to brown. Figure 13-3 reviews the sequence of events in hemoglobin breakdown.

LEUKOCYTES

White blood cells (7000 to 9000 cells per μL of blood) are less numerous than erythrocytes, but there are five different types of mature leukocytes, shown in Figure 13-4. These are three polymorphonuclear granulocytic leukocytes (neutrophil, eosinophil, and basophil) and two mononuclear agranulocytic leukocytes (lymphocyte and monocyte).

The **granulocytes**, or **polymorphonuclear leukocytes (PMNs)**, are the most numerous (about 60%). **Basophils** contain granules that stain dark blue with a basic (alkaline) dye. These granules contain heparin (an ant clotting substance) and histamine (a chemical released in allergic responses). **Eosinophils** contain granules that stain with eosin, a red acidic dye. These granules increase in allergic responses and engulf substances that trigger the allergies. **Neutrophils** contain granules that are neutral; they do not stain intensely and show only a pale color. Neutrophils are **phagocytes** (**phag/o** means to eat or swallow) that accumulate at sites of infection, where they ingest and destroy bacteria. Figure 13-5 shows phagocytosis by a neutrophil.

Specific proteins called **colony-stimulating factors (CSFs)** promote the growth of granulocytes in bone marrow. **G-CSF** (granulocyte CSF) and **GM-CSF** (granulocyte-macrophage CSF) are given to restore granulocyte production in cancer patients. **Erythropoietin**, like CSFs, can be produced by recombinant DNA techniques. It stimulates red blood cell production (erythropoiesis).

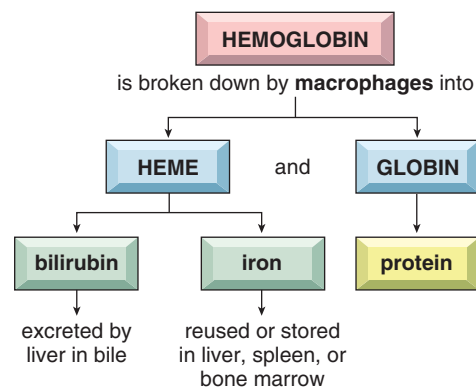


FIGURE 13-3 The breakdown of hemoglobin.

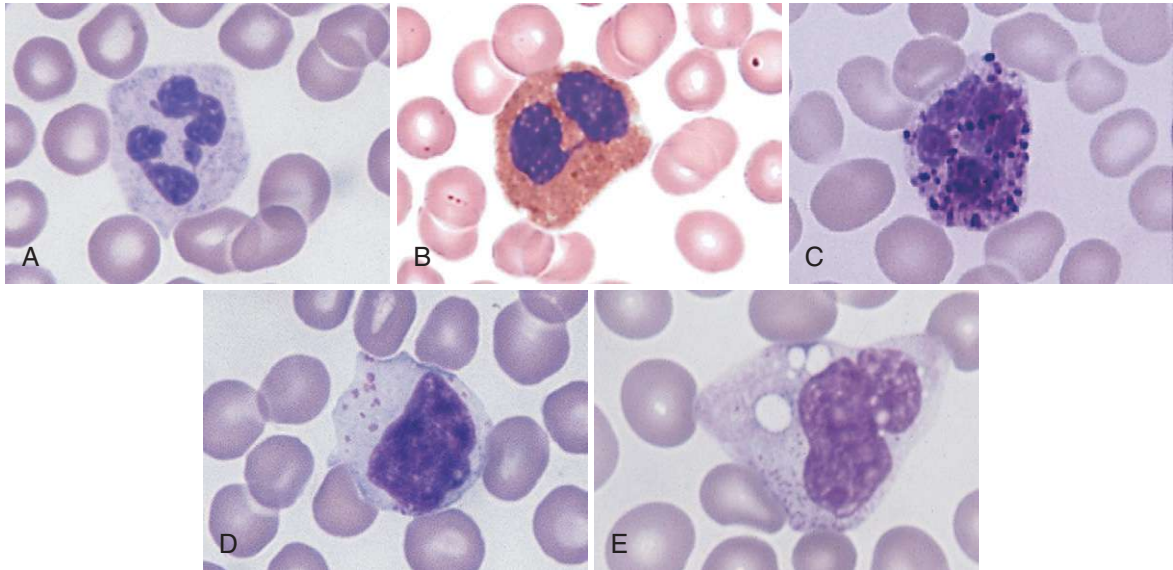


FIGURE 13-4 Leukocytes. A, Neutrophil. B, Eosinophil. C, Basophil. D, Lymphocyte. E, Monocyte.

Although all granulocytes are **polymorphonuclear** (they have multilobed nuclei), the term **polymorphonuclear granulocytes** (“polys”) often describe the **neutrophil**, which is the most numerous of the granulocytes.

Mononuclear (containing one large nucleus) leukocytes do not have large numbers of granules in their cytoplasm, but they may have a few granules. These are **lymphocytes** and **monocytes** (see Figure 13-1). Lymphocytes are made in bone marrow and lymph nodes and circulate both in the bloodstream and in the parallel circulating system, the lymphatic system.

Lymphocytes play an important role in the **immune response** that protects the body against infection. They can directly attack foreign matter and, in addition, make **antibodies** that neutralize and can lead to the destruction of foreign **antigens** (bacteria and viruses). **Monocytes** are phagocytic cells that also fight disease. As **macrophages**, they move from the bloodstream into tissues and dispose of dead and dying cells and other tissue debris by phagocytosis.

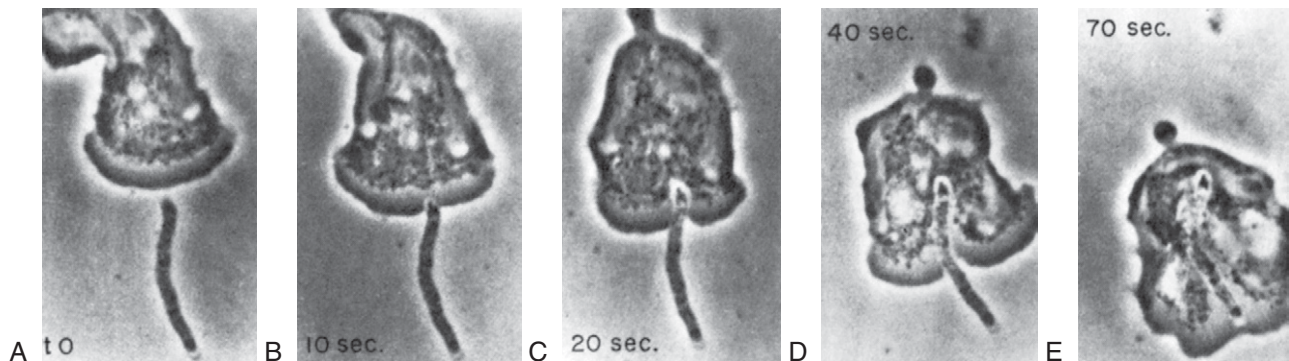


FIGURE 13-5 Phagocytosis (ingestion) of a bacterium by a neutrophil.

TABLE 13-1 LEUKOCYTES

Leukocyte	Normal Percentage in Blood	Function
Granulocytes		
Basophil	0-1	Responds to allergens; releases histamine and heparin
Eosinophil	1-4	Responds to parasitic infections and is a phagocyte in allergic reactions
Neutrophil	50-70	Major role in fighting bacterial infection; phagocyte
Mononuclear Cells		
Lymphocyte	20-40	Controls the immune response; makes antibodies to antigens
Monocyte	3-8	Phagocytic cell that becomes a macrophage and digests bacteria and tissue debris

Table 13-1 reviews the different types of leukocytes, their numbers in the blood, and their functions.

PLATELETS (THROMBOCYTES)

Platelets, actually blood cell fragments, are formed in bone marrow from giant cells with multilobed nuclei called **megakaryocytes** (Figure 13-6A and B). Tiny fragments of a megakaryocyte break off to form platelets. The main function of platelets is to help blood to clot. Specific terms related to blood clotting are discussed later in this chapter.

PLASMA

Plasma, the liquid part of the blood, consists of water, dissolved proteins, sugar, wastes, salts, hormones, and other substances. The four major plasma proteins are **albumin**, **globulins**, **fibrinogen**, and **prothrombin** (the last two are clotting proteins).

Albumin maintains the proper proportion (and concentration) of water in the blood. Because albumin cannot pass easily through capillary walls, it remains in the blood and

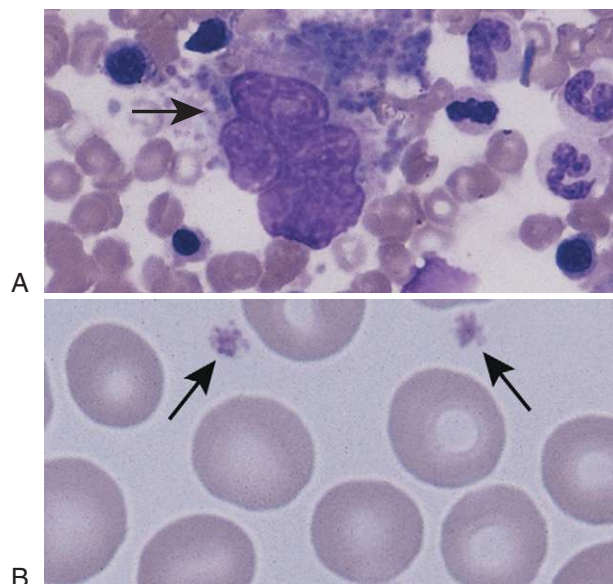


FIGURE 13-6 A, Megakaryocyte B, Platelets.

carries smaller molecules bound to its surface. It attracts water from the tissues back into the bloodstream and thus opposes the water's tendency to leave the blood and leak out into tissue spaces. **Edema** (swelling) results when too much fluid from blood “leaks” out into tissues. This happens in a mild form when a person ingests too much salt (water is retained in the blood and seeps out into tissues) and in a severe form when a person is burned in a fire. In this situation, albumin escapes from capillaries as a result of the burn injury. Then water cannot be held in the blood; it escapes through the skin, and blood volume drops.

Globulins are another component of blood and one of the plasma proteins. There are alpha, beta, and gamma globulins. The gamma globulins are **immunoglobulins**, which are antibodies that bind to and sometimes destroy antigens (foreign substances). Examples of immunoglobulin antibodies are **IgG** (found in high concentration in plasma) and **IgA** (found in breast milk, saliva, tears, and respiratory mucus). Other immunoglobulins are **IgM**, **IgD**, and **IgE**. Immunoglobulins are separated from other plasma proteins by **electrophoresis**. In this process, an electrical current passes through a solution of plasma. The different proteins in plasma separate as they migrate at different speeds to the source of the electricity.

Plasmapheresis (-apheresis means to remove) is the process of separating plasma from cells and then removing the plasma from the patient. In plasmapheresis, the entire blood sample is spun in a centrifuge machine, and the plasma, being lighter in weight than the cells, moves to the top of the sample.

Figure 13-7 reviews the composition of blood.

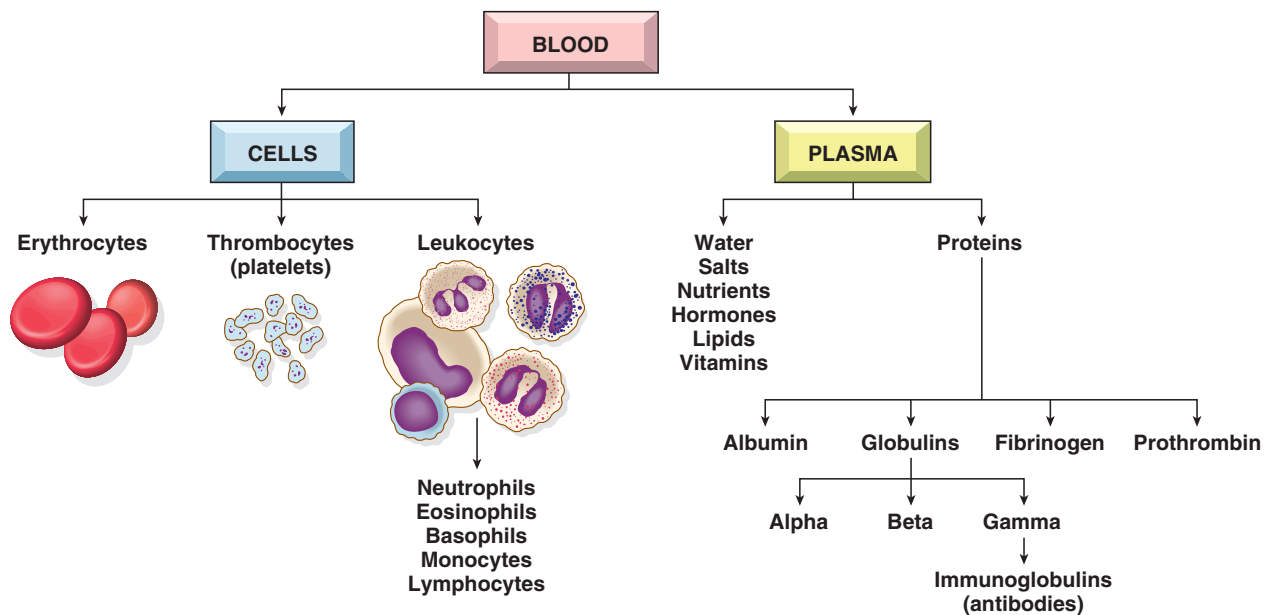



FIGURE 13-7 The composition of blood.

TABLE 13-2 BLOOD TYPES

Type	Percentage in Population	Red Cell Antigens	Serum Antibodies
A	41	A	Yes (anti-B)
B	10	B	Yes (anti-A)
AB	4	A and B	No (anti-A or anti-B)
O	45	No A and B	Yes (anti-A and anti-B)

BLOOD TYPES

Transfusions of whole blood (cells and plasma) are used to replace blood lost after injury, during surgery, or in severe shock. A patient who is severely anemic and needs only red blood cells will receive a transfusion of **packed red cells** (whole blood with most of the plasma removed). Human blood falls into four main types: A, B, AB, and O. These types are based on the antigens on red blood cells and antibodies found in each person's serum (Table 13-2).

There are harmful effects of transfusing blood from a donor of one blood type into a recipient who has blood of another blood type. Therefore, before blood is transfused, both the blood donor and the blood recipient are tested, to make sure that the transfused blood will be compatible with the recipient's blood type.  During transfusion, if blood is not compatible, then **hemolysis** (breakdown of red blood cells) occurs. This may be followed by excessive clotting in blood vessels (**disseminated intravascular coagulation**, or **DIC**), which is a life-threatening condition.

Besides A and B antigens, many other antigens are located on the surface of red blood cells. One of these is called the **Rh factor** (named because it was first found in the blood of a rhesus monkey). The term Rh positive (Rh+) refers to a person who is born with the Rh antigen on his or her red blood cells. An Rh negative (Rh-) person does not have the Rh antigen. See Chapter 4, page 118 for more information about the Rh factor. In clinical practice, blood types are named to indicate both Rh and ABO antigen status. If a woman has an A+ (A positive) blood type, for example, this means that she was born with both A antigen and Rh antigen on her red blood cells. If a man has a B- (B negative) blood type, this means he was born with the B antigen on his red blood cells but not Rh antigen.

BLOOD CLOTTING

Blood clotting, or **coagulation**, is a complicated process involving many different substances and chemical reactions. The final result (usually taking less than 15 minutes) is the formation of a **fibrin clot** from the plasma protein **fibrinogen**. The suffix -gen means giving rise to. Platelets are important in beginning the process following injury to tissues or blood vessels. The platelets become sticky and collect, or aggregate, at the site of injury. Then, in combination with tissue and clotting factors, plus calcium, prothrombin, and thrombin, fibrinogen is converted to fibrin to form a clot (Figure 13-8). One of the important clotting factors is factor VIII. It is missing in some people who are born with hemophilia. Other hemophiliacs are missing factor IX.



Why Is Type O the Universal Donor?

Type O blood does not contain A or B red cell antigens and therefore will not react with antibodies in any recipient's bloodstream. Anti-A and anti-B antibodies present in type O blood become diluted in the recipient's bloodstream and do not cause an adverse reaction.

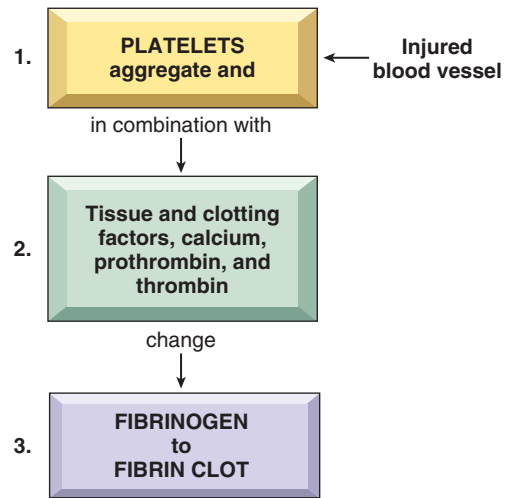


FIGURE 13-8 The sequence of events in blood clotting.

The fibrin threads form the clot by trapping red blood cells (Figure 13-9 shows a red blood cell trapped by fibrin threads). Then the clot retracts into a tight ball, leaving behind a clear fluid called **serum**. Normally, clots (thrombi) do not form in blood vessels unless the vessel is damaged or the flow of blood is impeded. **Anticoagulant substances** in the blood inhibit blood clotting, so clots do not form. **Heparin**, produced by tissue cells (especially in the liver), is an example of an anticoagulant. Other drugs such as **warfarin (Coumadin)** are given to patients with thromboembolic diseases to prevent the formation of clots.

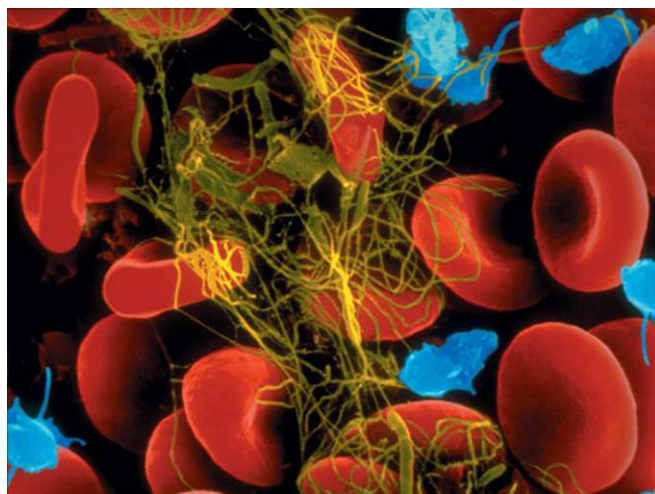


FIGURE 13-9 A red blood cell enmeshed in threads of fibrin.



VOCABULARY

This list reviews many of the new terms introduced in the text. Short definitions reinforce your understanding of the terms. Refer to the Pronunciation of Terms on page 538 for help with difficult or unfamiliar words.

albumin	Protein in blood; maintains the proper amount of water in the blood.
antibody (Ab)	Specific protein (immunoglobulin) produced by lymphocytes in response to bacteria, viruses, or other antigens. An antibody is specific to an antigen and inactivates it.
antigen	Substance (usually foreign) that stimulates the production of an antibody.
basophil	White blood cell containing granules that stain blue; associated with release of histamine and heparin.
bilirubin	Orange-yellow pigment in bile; formed by the breakdown of hemoglobin when red blood cells are destroyed.
coagulation	Blood clotting.
colony-stimulating factor (CSF)	Protein that stimulates growth of white blood cells (granulocytes).
differentiation	Change in structure and function of a cell as it matures; specialization.
electrophoresis	Method of separating serum proteins by electrical charge.
eosinophil	White blood cell containing granules that stain red; associated with allergic reactions.
erythroblast	Immature red blood cell.
erythrocyte	Red blood cell. There are about 5 million per microliter (μL) or cubic millimeter (mm^3) of blood.
erythropoietin (EPO)	Hormone secreted by the kidneys; stimulates red blood cell formation.
fibrin	Protein that forms the basis of a blood clot.
fibrinogen	Plasma protein that is converted to fibrin in the clotting process.
globulin	Plasma protein; alpha, beta, and gamma (immune) globulins are examples.
granulocyte	White blood cell with numerous dark-staining granules: eosinophil, neutrophil, and basophil.
hematopoietic stem cell	Cell in the bone marrow that gives rise to all types of blood cells.
hemoglobin	Blood protein containing iron; carries oxygen in red blood cells.
hemolysis	Destruction or breakdown of blood (red blood cells).
heparin	Anticoagulant found in blood and tissue cells.
immune reaction	Response of the immune system to foreign invasion.
immunoglobulin	Protein (globulin) with antibody activity; examples are IgG, IgM, IgA, IgE, IgD. Immun/o means protection.

leukocyte	White blood cell.
lymphocyte	Mononuclear leukocyte that produces antibodies.
macrophage	Monocyte that migrates from the blood to tissue spaces. As a phagocyte, it engulfs foreign material and debris. In the liver, spleen, and bone marrow, macrophages destroy worn out red blood cells.
megakaryocyte	Large platelet precursor cell found in the bone marrow.
monocyte	Leukocyte with one large nucleus. It is a cell that engulfs foreign material and debris. Monocytes become macrophages as they leave the blood and enter body tissues.
mononuclear	Pertaining to a cell (leukocyte) with a single round nucleus; lymphocytes and monocytes are mononuclear leukocytes.
myeloblast	Immature bone marrow that gives rise to granulocytes.
neutrophil	Granulocytic leukocyte formed in bone marrow. It is a phagocytic tissue-fighting cell. Also called a polymorphonuclear leukocyte .
plasma	Liquid portion of blood; contains water, proteins, salts, nutrients, lipids, hormones, and vitamins.
plasmapheresis	Removal of plasma from withdrawn blood by centrifuge. Collected cells are retransfused back into the donor. Fresh-frozen plasma or salt solution is used to replace withdrawn plasma.
platelet	Small blood fragment that collects at sites of injury to begin the clotting process.
polymorphonuclear	Pertaining to a white blood cell with a multi-lobed; neutrophil.
prothrombin	Plasma protein; converted to thrombin in the clotting process.
reticulocyte	Immature erythrocyte. A network of strands (reticulin) is seen after staining the cell with special dyes.
Rh factor	Antigen on red blood cells of Rh-positive (Rh ⁺) individuals. The factor was first identified in the blood of a <u>r</u> hesus monkey.
serum	Plasma minus clotting proteins and cells. Clear, yellowish fluid that separates from blood when it is allowed to clot. It is formed from plasma, but does not contain protein-coagulation factors.
stem cell	Unspecialized cell that gives rise to mature, specialized forms. A hematopoietic stem cell is the progenitor for all different types of blood cells.
thrombin	Enzyme that converts fibrinogen to fibrin during coagulation.
thrombocyte	Platelet.



TERMINOLOGY


Write the meanings of the medical terms in the spaces provided.

COMBINING FORMS

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
bas/o	base (<i>alkaline</i> , the opposite of acid)	<u>basophil</u> _____ <i>The suffix -phil means attraction to.</i>	
chrom/o	color	<u>hypochromic</u> _____ <i>Hypochromic anemia is marked by a decreased concentration of hemoglobin in red blood cells.</i>	
coagul/o	clotting	<u>anticoagulant</u> _____ <u>coagulopathy</u> _____	
cyt/o	cell	<u>cytology</u> _____	
eosin/o	red, dawn, rosy	<u>eosinophil</u> _____	
erythr/o	red	<u>erythroblast</u> _____ <i>-blast means immature.</i>	
granul/o	granules	<u>granulocyte</u> _____	
hem/o	blood	<u>hemolysis</u> _____ <i>Destruction or breakdown of red blood cells. See hemolytic anemia, page 516.</i>	
hemat/o	blood	<u>hematocrit</u> _____ <i>The suffix -crit means to separate. The hematocrit gives the percentage of red blood cells in a volume of blood. See page 521.</i>	
hemoglobin/o	hemoglobin	<u>hemoglobinopathy</u> _____	
is/o	same, equal	<u>anisocytosis</u> _____ <i>An abnormality of red blood cells; they are of unequal (anis/o) size; -cytosis means an increase in the number of cells.</i>	
kary/o	nucleus	<u>megakaryocyte</u> _____	
leuk/o	white	<u>leukopenia</u> _____	
mon/o	one, single	<u>monocyte</u> _____ <i>The cell has a single, rather than a multilobed, nucleus.</i>	
morph/o	shape, form	<u>morphology</u> _____	

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
myel/o	bone marrow	<u>myel</u> oblast _____ <i>The suffix -blast indicates an immature cell.</i>	
		<u>myel</u> odysplasia _____ <i>This is a preleukemic condition.</i>	
neutr/o	neutral (neither base nor acid)	<u>neutr</u> openia _____ <i>This term refers to neutrophils.</i>	
nucle/o	nucleus	polymorphon <u>nucle</u> ar _____	
phag/o	eat, swallow	<u>phag</u> ocyte _____	
poikil/o	varied, irregular	<u>poikil</u> ocytosis _____ <i>Irregularity in the shape of red blood cells. Poikilocytosis occurs in certain types of anemia.</i>	
sider/o	iron	<u>sider</u> openia _____	
spher/o	globe, round	<u>spher</u> ocytosis _____ <i>In this condition, the erythrocyte has a round shape, making the cell fragile and easily able to be destroyed.</i>	
thromb/o	clot	<u>thromb</u> ocytopenia _____	

SUFFIXES

SUFFIX	MEANING	TERMINOLOGY	MEANING
-apheresis 	removal, a carrying away	plasma <u>apher</u> esis _____ <i>A centrifuge spins blood to remove plasma from the other parts of blood.</i>	
		leuka <u>apher</u> esis _____	
		platelet <u>apher</u> esis _____ <i>Note that the a of apheresis is dropped in this term. Platelets are removed from the donor's blood (and used in a patient), and the remainder of the blood is reinfused into the donor.</i>	
-blast	immature cell, embryonic	monob <u>last</u> _____	



Don't confuse -apheresis with -phoresis

The suffix **-apheresis** (see page 522) refers to the removal of blood from a donor with a portion separated and retained and the remainder reinfused into the donor. The suffix **-phoresis** indicates transmission (as in **electrophoresis**, the transmission of electricity to separate substances).

SUFFIX	MEANING	TERMINOLOGY	MEANING
-cytosis	abnormal condition of cells (increase in cells)	<u>macrocytosis</u> _____ <i>Macrocytes are erythrocytes that are larger (macro-) than normal.</i> <u>microcytosis</u> _____ <i>These are erythrocytes that are smaller (micro-) than normal. Table 13-3 reviews terms related to abnormalities of red blood cell morphology.</i>	
-emia	blood condition	<u>leukemia</u> _____ <i>See page 518.</i>	
-gen	giving rise to; producing	<u>fibrinogen</u> _____ <i>Fibrin is a protein that forms the basis of a blood clot.</i>	
-globin	protein	<u>hemoglobin</u> _____	
-globulin		<u>immunoglobulin</u> _____	
-lytic	pertaining to destruction	<u>thrombolytic</u> therapy _____ <i>Used to dissolve clots.</i>	
-oid	derived or originating from	<u>myeloid</u> _____	
-osis	abnormal condition	<u>thrombosis</u> _____	
-penia	deficiency	<u>granulocytopenia</u> _____ <u>pancytopenia</u> _____	
-phage	eat, swallow	<u>macrophage</u> _____ <i>A large phagocyte that destroys worn-out red blood cells and foreign material.</i>	
-philia	attraction for (an increase in cell numbers)	<u>eosinophilia</u> _____ <u>neutrophilia</u> _____	
-phoresis	carrying, transmission	<u>electrophoresis</u> _____	
-poiesis	formation	<u>hematopoiesis</u> _____ <u>erythropoiesis</u> _____ <i>Erythropoietin is produced by the kidneys to stimulate erythrocyte formation.</i> <u>myelopoiesis</u> _____	
-stasis	stop, control	<u>hemostasis</u> _____	

TABLE 13-3 ABNORMALITIES OF RED BLOOD CELL MORPHOLOGY

Abnormality	Description
Anisocytosis	Cells are unequal in size
Hypochromia	Cells have reduced color (less hemoglobin)
Macrocytosis	Cells are large
Microcytosis	Cells are small
Poikilocytosis	Cells are irregularly shaped
Spherocytosis	Cells are rounded

PATHOLOGY

Any abnormal or pathologic condition of the blood generally is referred to as a blood **dyscrasia** (disease). The blood dyscrasias discussed in this section are organized in the following manner: diseases of red blood cells, disorders of blood clotting, diseases of white blood cells, and disease of the bone marrow.

DISEASES OF RED BLOOD CELLS

anemia

Deficiency in erythrocytes or hemoglobin.

The most common type of anemia is **iron deficiency anemia**; it is caused by a lack of iron, which is required for hemoglobin production (Figure 13-10).

Other types of anemia include:

1. aplastic anemia

Failure of blood cell production in the bone marrow.

The cause of most cases of aplastic anemia is unknown (idiopathic), but some have been linked to benzene exposure and to antibiotics such as chloramphenicol. **Pancytopenia** occurs when stem cells fail to produce leukocytes, platelets, and erythrocytes. Blood transfusions prolong life, allowing the marrow time to resume its normal functioning, and antibiotics control infections. Bone marrow transplantation and regimens of drugs that inhibit the immune system are successful treatments in cases in which spontaneous recovery is unlikely.

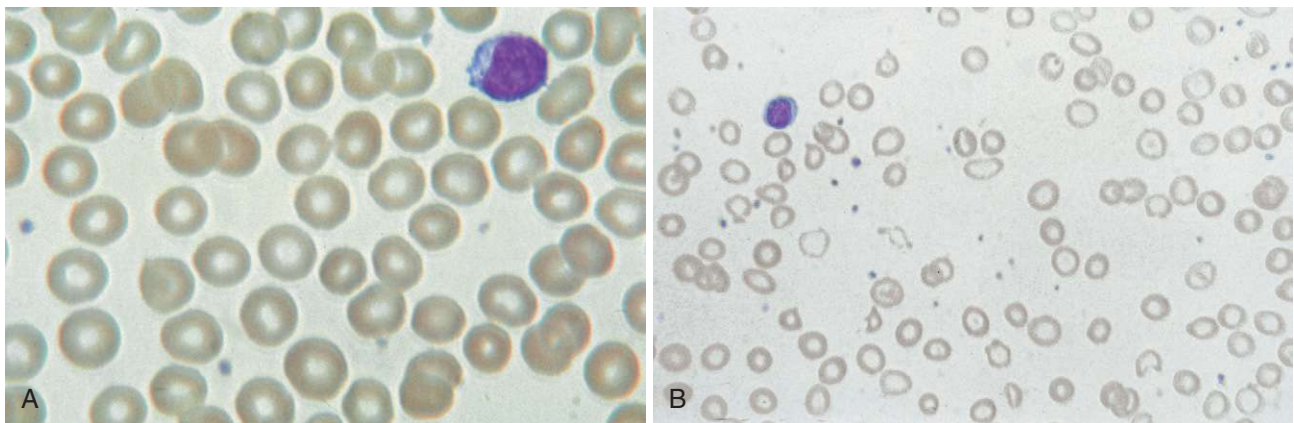


FIGURE 13-10 Normal red blood cells and iron deficiency anemia. **A, Normal red cells.** Erythrocytes are fairly uniform in size and shape. The red cells are normal in hemoglobin content (normochromic) and size (normocytic). **B, Iron deficiency anemia.** Many erythrocytes are small (**microcytic**) and have increased central pallor (**hypochromic**). Red cells in this slide show variation in size (**anisocytosis**) and shape (**poikilocytosis**).

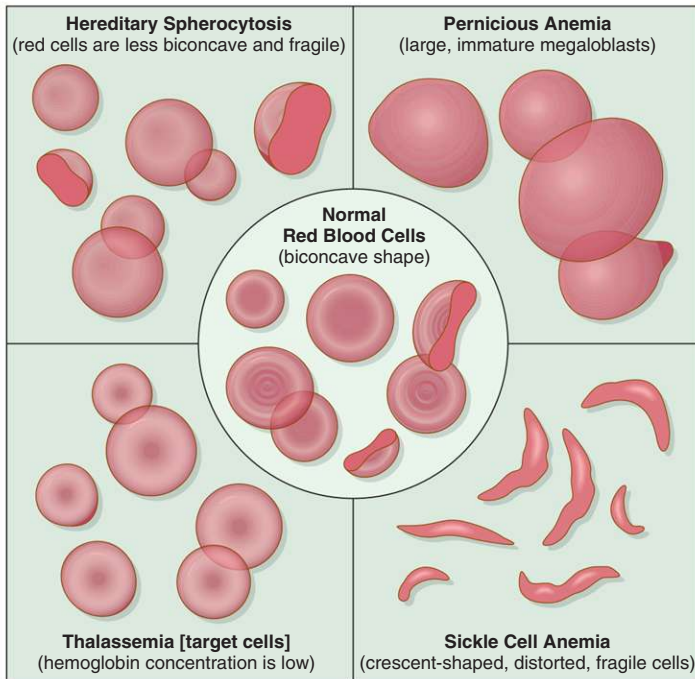


FIGURE 13-11 Normal red blood cells and the abnormal cells in several types of anemia.

2. hemolytic anemia

Reduction in red cells due to excessive destruction.

One example of hemolytic anemia is **congenital spherocytic anemia (hereditary spherocytosis)**. Instead of their normal biconcave shape, erythrocytes become spheroidal. This rounded shape makes them fragile and easily destroyed (hemolysis). Shortened red cell survival results in increased reticulocytes in blood as the bone marrow compensates for hemolysis of mature erythrocytes. Because the spleen destroys red cells, removal of the spleen usually improves this anemia. Figure 13-11 shows the altered shape of erythrocytes in hereditary spherocytosis.

3. pernicious anemia

Lack of mature erythrocytes caused by inability to absorb vitamin B₁₂ into the bloodstream.

Vitamin B₁₂ is necessary for the proper development and maturation of erythrocytes. Although vitamin B₁₂ is a common constituent of food (liver, kidney, sardines, egg yolks, oysters), it cannot be absorbed into the bloodstream without the aid of a special substance called **intrinsic factor** that is normally found in gastric juice. People with pernicious anemia lack this factor in their gastric juice, and the result is unsuccessful maturation of red blood cells, with an excess of large, immature, and poorly functioning cells in the bone marrow and large, often oval red cells (macrocytes) in the circulation. Treatment is administration (via injection) of vitamin B₁₂ for life. Figure 13-11 illustrates cells in pernicious anemia. Pernicious means ruinous or hurtful.

4. sickle cell anemia

Hereditary disorder of abnormal hemoglobin producing sickle-shaped erythrocytes and hemolysis.

The crescent, or sickle, shape of the erythrocyte (see Figure 13-11) is caused by an abnormal type of hemoglobin (hemoglobin S) in the red cell. The distorted, fragile erythrocytes cannot pass through small blood vessels normally. This leads to thrombosis and infarction (local tissue death from ischemia). Signs and symptoms are arthralgias, acute attacks of abdominal pain, and ulcerations of the extremities. The genetic defect (presence of the hemoglobin S gene) is particularly prevalent in black persons of African or African American ancestry and appears with different degrees of severity. Individuals with the sickle cell trait inherit just one gene for the disorder and usually do not have symptoms.

5. thalassemia

Inherited defect in ability to produce hemoglobin, leading to hypochromia.

This condition, usually occurring in persons of Mediterranean background, manifests in varying forms and degrees of severity and usually leads to hypochromic anemia with diminished hemoglobin content in red cells (see Figure 13-11). *Thalassa* is a Greek word meaning sea.

hemochromatosis

Excess iron deposits throughout the body.

Hepatomegaly, cirrhosis, skin pigmentation, diabetes, and cardiac failure may occur.

polycythemia vera

General increase in red blood cells (erythremia).

Blood consistency is viscous (thick) because of greatly increased numbers of erythrocytes. The bone marrow is hyperplastic, and leukocytosis and thrombocytosis commonly accompany the increase in red blood cells. Treatment consists of reduction of red cell volume to normal levels by phlebotomy (removal of blood from a vein) and by suppressing blood cell production with myelotoxic drugs. Notice that that suffix here is -hemia, instead of -emia.

DISORDERS OF BLOOD CLOTTING

hemophilia

Excessive bleeding caused by hereditary lack of blood clotting factors (factor VIII or IX) necessary for blood clotting.

Although the platelet count of a hemophiliac patient is normal, deficiency in clotting factors (factor VIII or IX) results in a prolonged coagulation time. Patients with clotting factor deficiencies often bleed into weight-bearing joints, especially ankles and knees. See Figure 13-12. Treatment consists of administration of the deficient factor.

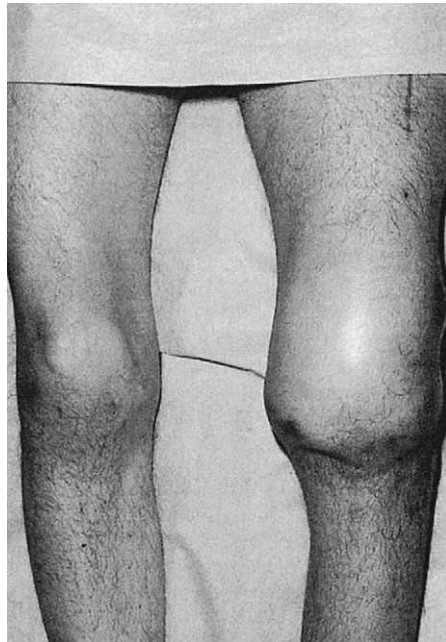


FIGURE 13-12 Lower limbs of a male with **hemophilia** showing the effect of recurrent hemorrhage into the knees. (Courtesy Dr. G. Dolan, University Hospital, Nottingham, UK.)

purpura**Multiple pinpoint hemorrhages and accumulation of blood under the skin.**

Hemorrhages into the skin and mucous membranes produce red-purple discoloration of the skin. **Petechiae** are tiny purple or red flat spots appearing on the skin as a result of hemorrhages. **Ecchymoses** are larger blue or purplish patches on the skin (bruises) (Figure 13-13). Purpura can be caused by having too few platelets (thrombocytopenia). The cause may be immunologic, meaning the body produces an antiplatelet factor that harms its own platelets. **Autoimmune thrombocytopenic purpura** is a condition in which a patient makes an antibody that destroys platelets. Bleeding time is prolonged; splenectomy (the spleen is the site of platelet destruction) and drug therapy with corticosteroids are common treatments.

DISEASES OF WHITE BLOOD CELLS**leukemia****Increase in cancerous white blood cells (leukocytes).**

Acute leukemias have common clinical characteristics: abrupt onset of symptoms, fatigue, fever, bleeding, bone pain, lymphadenopathy, splenomegaly, and hepatomegaly. If the disease has spread to the spinal canal, signs such as headache and vomiting may occur. In addition, because normal blood cells are crowded out, patients have little defense against infection.

Four types of leukemia are:

1. **Acute myelogenous (myelocytic) leukemia (AML).** Immature granulocytes (myeloblasts) predominate. Platelets and erythrocytes are diminished because of infiltration and replacement of the bone marrow by large numbers of myeloblasts (Figure 13-14A).



FIGURE 13-13 A, **Petechiae** result from bleeding from capillaries or small arterioles. B, **Ecchymoses** are larger and more extensive than petechiae.

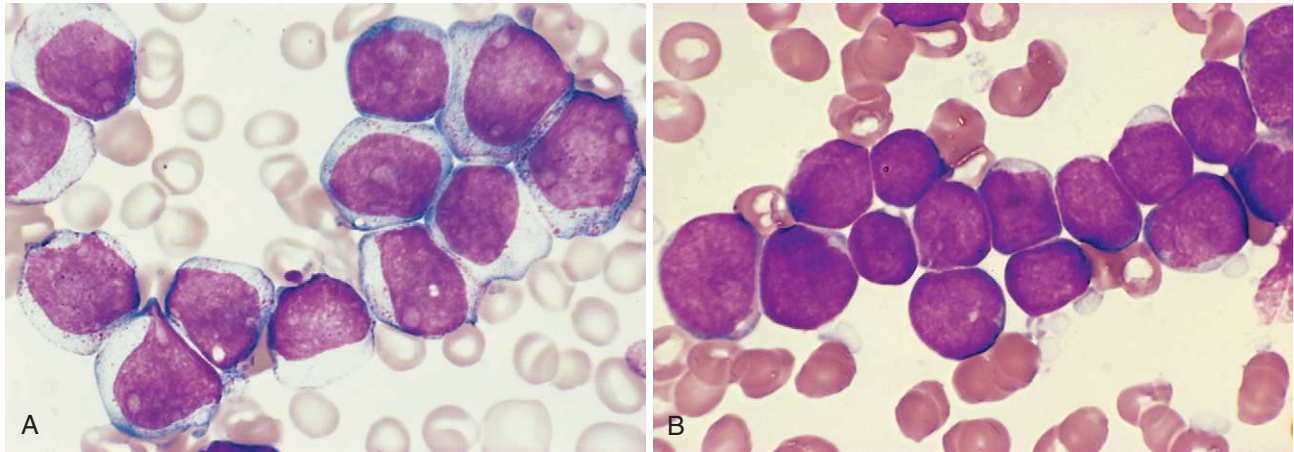


FIGURE 13-14 Acute leukemia. **A, Acute myeloblastic leukemia (AML).** Myeloblasts (immature granulocytes) predominate. There are large cells with small granules in their cytoplasm. AML affects primarily adults. A majority of patients achieve remission with intensive chemotherapy, but relapse is common. Hematopoietic stem cell transplantation may be a curative therapy. **B, Acute lymphoblastic leukemia (ALL).** Lymphoblasts (immature lymphocytes) predominate. ALL is a disease of children and young adults. Most children are cured with chemotherapy. (Courtesy Dr. Robert W. McKenna, Department of Pathology, University of Texas Southwestern Medical School, Dallas.)

2. **Acute lymphocytic leukemia (ALL).** Immature lymphocytes (lymphoblasts) predominate. This form is seen most often in children and adolescents; onset is sudden (see Figure 13-14B).
3. **Chronic myelogenous (myelocytic) leukemia (CML).** Both mature and immature granulocytes are present in large numbers in the marrow and blood. This is a slowly progressive illness with which patients (often adults older than 55) may live for many years without encountering life-threatening problems. New therapies (such as the drug Gleevec) target abnormal proteins responsible for malignancy and produce long-term control.
4. **Chronic lymphocytic leukemia (CLL).** Abnormal numbers of relatively mature lymphocytes predominate in the marrow, lymph nodes, and spleen. This most common form of leukemia usually occurs in the elderly and follows a slowly progressive course. It often does not require immediate treatment.

All forms of leukemia are treated with chemotherapy, using drugs that prevent cell division and selectively injure rapidly dividing cells. Effective treatment can lead to a **remission** (disappearance of signs and symptoms of disease). **Relapse** occurs when disease symptoms and signs reappear, necessitating further treatment.

Transplantation of normal bone marrow from donors of similar tissue type is successful in restoring normal bone marrow function in some patients with acute leukemia. This procedure is performed after high-dose chemotherapy, which is administered to eliminate the leukemic cells.

granulocytosis

Abnormal increase in granulocytes in the blood.

An increase in neutrophils in the blood may occur in response to infection or inflammation of any type. **Eosinophilia** is an increase in eosinophilic granulocytes, seen in certain allergic conditions, such as asthma, or in parasitic infections (tapeworm, pinworm). **Basophilia** is an increase in basophilic granulocytes seen in certain types of leukemia.

mononucleosis

Infectious disease marked by increased numbers of mononuclear leukocytes and enlarged cervical lymph nodes.

This disease is transmitted by the **Epstein-Barr virus (EBV)**. Lymphadenitis is present, with fever, fatigue, asthenia (weakness), and pharyngitis. Atypical lymphocytes are present in the blood, liver, and spleen (leading to hepatomegaly and splenomegaly).

Mononucleosis usually is transmitted by direct oral contact (salivary exchange during kissing) and affects primarily young adults. No treatment is necessary for EBV infections. Antibiotics are not effective for self-limited viral illnesses. Rest during the period of acute symptoms and slow return to normal activities are advised.

DISEASE OF BONE MARROW CELLS

multiple myeloma

Malignant neoplasm of bone marrow.

The malignant cells (lymphocytes that produce antibodies) destroy bone tissue and cause overproduction of immunoglobulins, including **Bence Jones protein**, an immunoglobulin fragment found in urine. The condition leads to osteolytic lesions, hypercalcemia, anemia, renal damage, and increased susceptibility to infection. Treatment is with analgesics, radiotherapy, various doses of chemotherapy, and special orthopedic supports. Drugs such as thalidomide and Velcade (bortezomib) are **palliative** (relieving symptoms) and stop disease progression, which improves the outlook for this disease. **Autologous bone marrow transplantation (ABMT)**, in which the patient serves as his or her own donor for stem cells, may lead to prolonged remission.

13

LABORATORY TESTS AND CLINICAL PROCEDURES

LABORATORY TESTS

antiglobulin test (Coombs test)

Test for the presence of antibodies that coat and damage erythrocytes.

This test determines the presence of antibodies in infants of Rh-negative women or in patients with autoimmune hemolytic anemia.

bleeding time

Time required for blood to stop flowing from a tiny puncture wound.

Normal time is 8 minutes or less. Either the Simplate or the Ivy method is used. Platelet disorders and the use of aspirin prolong bleeding time.

coagulation time

Time required for venous blood to clot in a test tube.

Normal time is less than 15 minutes.


complete blood count (CBC)

Determination of numbers of blood cells, hemoglobin concentration, hematocrit, and red cell values—MCH, MCV, MCHC (see Abbreviations).

erythrocyte sedimentation rate (ESR)

Speed at which erythrocytes settle out of plasma.

Venous blood is collected into an anticoagulant, and the blood is placed in a tube in a vertical position. The distance that the erythrocytes sink in a given period of time is the sedimentation rate. The rate increases with infections, joint inflammation, and tumor, which increase the fibrinogen content of the blood. Also called sed rate for short.

hematocrit (Hct)	<p>Percentage of erythrocytes in a volume of blood.</p> <p>A sample of blood is spun in a centrifuge so that the erythrocytes fall to the bottom of the sample.</p>
hemoglobin test (H, Hg, Hgb, HGB)	<p>Total amount of hemoglobin in a sample of peripheral blood.</p>
platelet count	<p>Number of platelets per cubic millimeter (mm^3) or microliter (μL) of blood.</p> <p>Platelets normally average between 150,000 and 350,000 per mm^3 (cu mm) or μL.</p>
prothrombin time (PT)	<p>Test of the ability of blood to clot.</p> <p>Prothrombin is one of the clotting factors (factor II) made by the liver. This test is used to monitor (follow) patients taking anticoagulant drugs. Another blood clotting test, partial thromboplastin time (PTT), measures other clotting factors. Both PT and PTT are often done at the same time to check for bleeding problems.</p>
red blood cell count (RBC)	<p>Number of erythrocytes per cubic millimeter (mm^3) or microliter (μL) of blood.</p> <p>The normal number is 4 to 6 million per mm^3 (or μL).</p>
red blood cell morphology	<p>Microscopic examination of a stained blood smear to determine the shape of individual red cells.</p> <p>Abnormal morphology includes anisocytosis, poikilocytosis, and sickle cells.</p>
white blood cell count (WBC)	<p>Number of leukocytes per cubic millimeter (mm^3) or microliter (μL) of blood.</p> <p>Automated counting devices record numbers within seconds. Normal number of leukocytes averages between 5000 and 10,000 per mm^3 (or μL).</p>
white blood cell differential [count]	<p>Percentages of different types of leukocytes in the blood.</p> <p>Some instruments can produce an automated differential count, but otherwise the cells are stained and counted under a microscope by a technician. Percentages of neutrophils, eosinophils, basophils, monocytes, lymphocytes, and immature cells (bands) are determined. See page 526 for the normal differential values.</p> <p>The term shift to the left describes an increase in immature neutrophils in the blood. </p>



Shift to the Left

The phrase “**shift to the left**” derives from the early practice of reporting percentages of each WBC type across the top of a page, starting with blasts (immature cells) on the left and more mature cells on the right. An increase in immature neutrophils (as seen with severe infection) would be noted on the left-hand column of a form. Thus a “shift to the left” indicates an infection and the body’s effort to fight it by making more neutrophils.



FIGURE 13-15 Leukapheresis. This machine is an automated blood cell separator that removes large numbers of white blood cells and returns red cells, platelets, and plasma to the patient.

CLINICAL PROCEDURES

apheresis

Separation of blood into component parts and removal of a select portion from the blood.

This procedure can remove toxic substances or autoantibodies from the blood and can collect blood cells. Leukapheresis, plateletpheresis, and plasmapheresis are examples (Figure 13-15). If plasma is removed from the patient and fresh plasma is given, the procedure is termed **plasma exchange**.

blood transfusion

Whole blood or cells are taken from a donor and infused into a patient.

Appropriate testing to ensure a match of red blood cell type (A, B, AB, or O) is essential. Tests also are performed to detect the presence of hepatitis and the acquired immunodeficiency syndrome (AIDS) virus (HIV). **Autologous transfusion** is the collection and later reinfusion of a patient's own blood or blood components. **Packed cells** are a preparation of red blood cells separated from liquid plasma and administered in severe anemia to restore levels of hemoglobin and red cells without overdiluting the blood with excess fluid.

bone marrow biopsy

Microscopic examination of a core of bone marrow removed with a needle.

This procedure is helpful in the diagnosis of blood disorders such as anemia, pancytopenias, and leukemia. Bone marrow also may be removed by brief suction produced by a syringe, which is termed a **bone marrow aspiration**. See Figure 13-16.

hematopoietic stem cell transplantation

Peripheral stem cells from a compatible donor are administered to a recipient.

Patients with malignancies, such as AML, ALL, CLL, CML, lymphoma and multiple myeloma, are candidates for this treatment. First the donor is treated with a drug that mobilizes stem cells into the blood. Then stem cells are removed from the donor, a process like leukapheresis in Figure 13-15. Meanwhile, the patient (recipient) undergoes a conditioning process in which radiation and chemotherapy drugs are administered to kill malignant marrow cells and inactivate the patient's immune system so that subsequently infused stem cells will not be rejected. A cell suspension containing the donor's stem cells, which will repopulate the bone marrow, is then given through a vein to the recipient. In **autologous stem cell transplantation**, the patient's own stem cells are collected, stored, and reinfused after potent chemotherapy. See the *In Person* story, page 528.

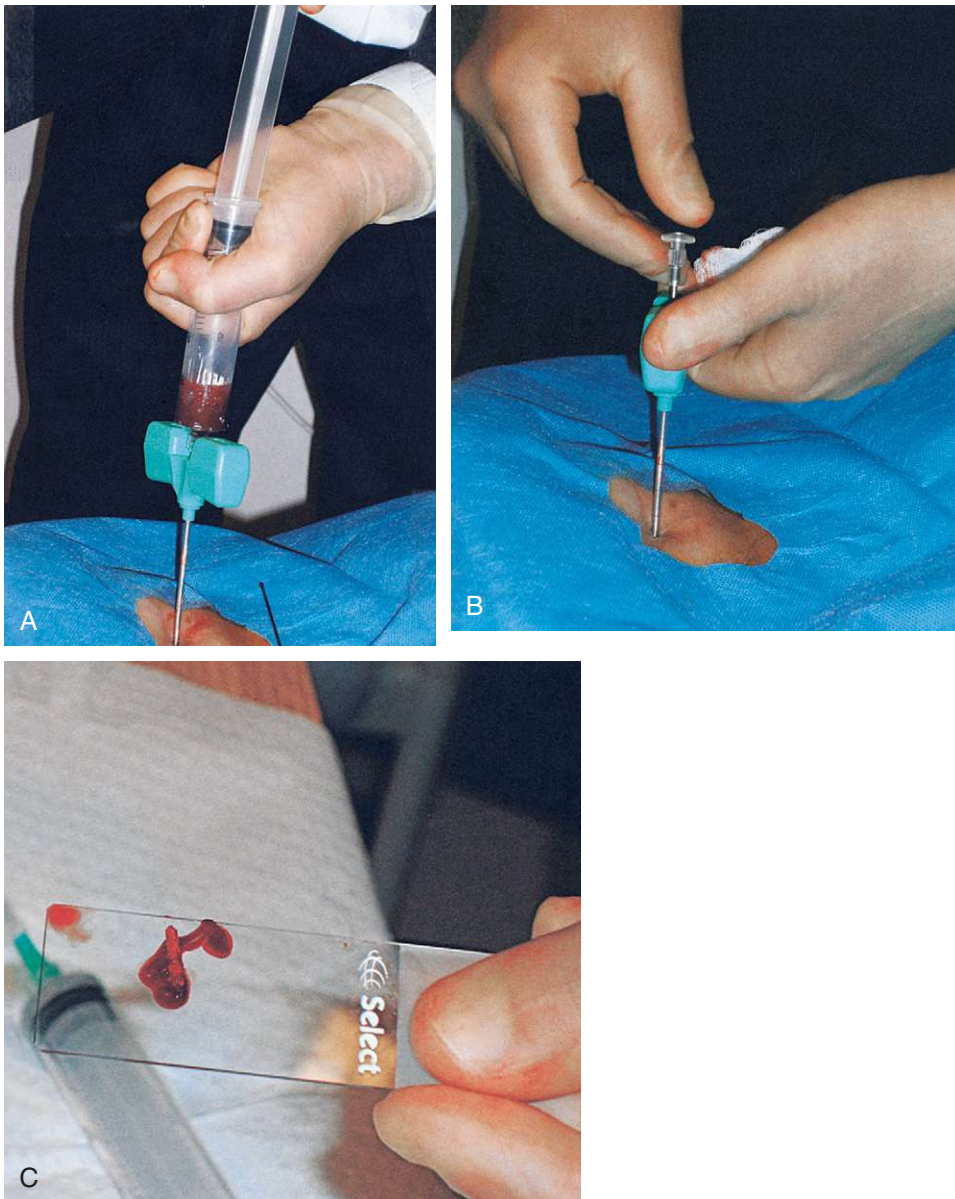
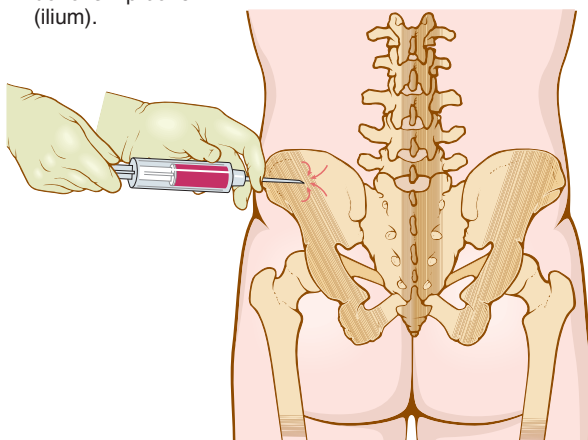


FIGURE 13-16 Bone marrow aspiration and biopsy. **A**, Placement of a bone marrow needle into the iliac crest (upper portion of hipbone) and aspiration of liquid bone marrow. **B**, Trephine needle is then inserted and anchored in the bone. **C**, A solid piece of bone marrow (biopsy sample) is then extracted through the needle.

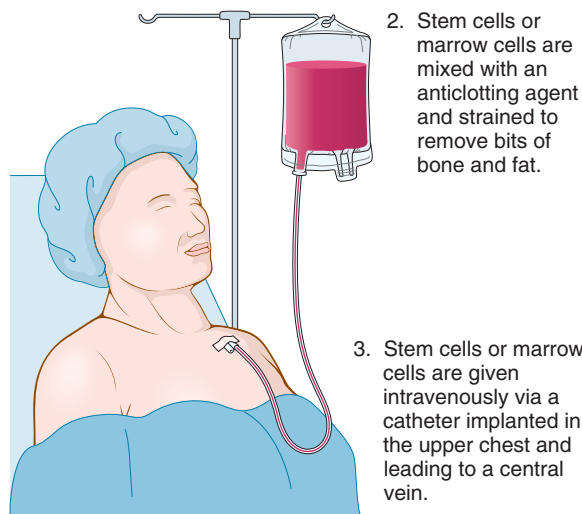
Bone marrow transplantation follows the same procedure, except that bone marrow cells are used rather than peripheral stem cells (Figure 13-17). Problems encountered subsequently may include serious infection, **graft-versus-host disease (GVHD)**, and relapse of the original disease despite the treatment.

In GVHD, the immunocompetent cells in the donor's tissue recognize the recipient's tissues as foreign and attack them. Because the recipient patient is totally immunosuppressed, his or her immune system cannot defend against the attack. Intensive prophylaxis (prevention) with **immunosuppressive drugs** is standard for patients undergoing **allogeneic transplants** (see Figure 13-17). These drugs include **cyclosporine** and **methotrexate**.

1. Stem cells from the donor's circulating blood are collected in a transfer bag, or marrow cells are aspirated from the donor's hip bone (ilium).



DONOR



2. Stem cells or marrow cells are mixed with an anticlotting agent and strained to remove bits of bone and fat.

3. Stem cells or marrow cells are given intravenously via a catheter implanted in the upper chest and leading to a central vein.

PATIENT

FIGURE 13-17 Hematopoietic stem cell and bone marrow transplantation. These procedures constitute **allogeneic** (all/o means other, different) **transplantation**, in which a relative or unrelated person having a close or identical HLA (human leukocyte antigen) type is the donor. It carries a high rate of morbidity (disease) and mortality (death) because of complications of incompatibility such as GVHD (graft-versus-host disease). In an **autologous transplantation**, stem cells or bone marrow cells are removed from the patient during a remission phase and given back to the patient after intensive chemotherapy (drug treatment).



ABBREVIATIONS

Ab	antibody	DIC	disseminated intravascular coagulation—bleeding disorder marked by reduction in blood clotting factors due to their use and depletion for intravascular clotting
ABMT	autologous bone marrow transplantation—patient serves as his or her own donor for stem cells	diff	differential count (white blood cells)
ABO	four main blood types—A, B, AB, and O	EBV	Epstein-Barr virus; cause of mononucleosis
ALL	acute lymphocytic leukemia	eos	eosinophils
AML	acute myelogenous leukemia	EPO	erythropoietin
ANC	absolute neutrophil count—total WBC times a measure of the number of bands and segs present in the blood; an ANC less than 1500 cells/uL is neutropenia	ESR	erythrocyte sedimentation rate
ASCT	autologous stem cell transplantation	Fe	iron
bands	immature white blood cells (granulocytes)	G-CSF	granulocyte colony-stimulating factor—promotes neutrophil production
baso	basophils	GM-CSF	granulocyte-macrophage colony-stimulating factor—promotes myeloid progenitor cells with differentiation to granulocytes
BMT	bone marrow transplantation	g/dL	gram per deciliter (1 deciliter = one tenth of a liter; 1 liter = 1.057 quarts)
CBC	complete blood count		
CLL	chronic lymphocytic leukemia		
CML	chronic myelogenous leukemia		

GVHD	graft-versus-host disease—immune reaction of donor's cells to recipient's tissue	MDS	myelodysplastic syndrome—preleukemic condition (anemia, cytopenias, and possible transformation to AML)
HCL	hairy cell leukemia—abnormal lymphocytes accumulate in bone marrow, leading to anemia, thrombocytopenia, neutropenia, and infection	mm³	cubic millimeter—one millionth of a liter; 1 liter = 1.057 quarts
Hct	hematocrit	mono	monocyte
Hgb, HGB	hemoglobin	polys, PMNs, PMNLs	polymorphonuclear leukocytes; neutrophils, eosinophils, basophils
H and H	hemoglobin and hematocrit	PT, pro time	prothrombin time
HLA	human leukocyte antigen	PTT	partial thromboplastin time
IgA, IgD, IgE, IgG, IgM	immunoglobulins	RBC	red blood cell; red blood cell count
lymphs	lymphocytes	sed rate	erythrocyte sedimentation rate
MCH	mean corpuscular hemoglobin—average amount of hemoglobin per cell	segs	segmented, mature white blood cells (neutrophils)
MCHC	mean corpuscular hemoglobin concentration—average concentration of hemoglobin in a single red cell; when MCHC is low, the cell is hypochromic	SMAC	Sequential Multiple Analyzer Computer—an automated chemistry system that determines substances in serum
MCV	mean corpuscular volume—average volume or size of a single red blood cell; when MCV is high, the cells are macrocytic, and when low, the cells are microcytic	μL	microliter—one millionth of a liter; 1 liter = 1.057 quarts
		WBC	white blood cell; white blood cell count
		WNL	within normal limits



PRACTICAL APPLICATIONS

The cases presented here are based on data from actual medical records. Use the table of normal values to help you decide on a probable diagnosis in each case. Answers to the questions are on page 538.

Normal Laboratory Values

WBC 4,500–11,000/mm³ or μL

Differential:

Segs (polys) 54-62%

Lymphs 20-40%

Eos 1-3%

Baso 0-1%

Mono 3-7%

RBC M: 4.5-6.0 million per mm³ or μL

F: 4.0-5.5 million per mm³ or μL

Hct M: 40-50%

F: 37-47%

Hgb M: 14-16 g/dL

F: 12-14 g/dL

Platelets 150,000-350,000/mm³ or μL

FIVE SHORT CLINICAL CASES

1. A 65-year-old woman visits her physician complaining of shortness of breath and swollen ankles. Lab tests reveal that her hematocrit is 18.0 and her hemoglobin 5.8. Her blood smear shows macrocytes and her blood level of vitamin B₁₂ is very low. What is a likely diagnosis?
 - a. Aplastic anemia
 - b. Hemochromatosis
 - c. Pernicious anemia
2. A 22-year-old college student visits the clinic with a fever, complaining of a sore throat. Blood tests show a WBC of 28,000 per mm³ with 95% myeloblasts (polys are 5%). Platelet count is 15,000 per mm³, hemoglobin is 10 g/dL, and the hematocrit is 22.5. What is your diagnosis?
 - a. Chronic lymphocytic leukemia
 - b. Acute myelogenous leukemia
 - c. Thalassemia
3. A 35-year-old woman goes to her physician complaining of spots on her legs and bleeding gums. On examination, she has tiny purple spots covering her legs and evidence of dried blood in her mouth. Her CBC shows hemoglobin 14 g/dL, hematocrit 42%, WBC 5000/mm³ with normal differential, and platelet count 4000/mm³ (with megakaryocytes in bone marrow). What is your diagnosis?
 - a. Sickle cell anemia
 - b. Hemolytic anemia
 - c. Autoimmune thrombocytopenic purpura
4. A 55-year-old man is admitted to the hospital after a motorcycle crash. He sustained right hemopneumothorax (blood and air in the chest cavity) requiring placement of a chest tube. His admission hemoglobin was 11.4 g/dL and his hematocrit was 33.7%. On the 3rd day of hospitalization, his hemoglobin dropped to 7.5 g/dL and hematocrit fell to 22.4%. What do you think his physician should order?
 - a. Bone marrow aspirate and biopsy
 - b. Transfusion of packed red blood cells
 - c. Leukapheresis

5. A 45-year-old woman has recently been traveling internationally and comes to the ED complaining of diarrhea, vomiting, and severe abdominal pain lasting for the previous two weeks. Her total WBC was elevated. Stool cultures reveal a parasitic infection. Which element of the differential do you expect to be elevated?
- Eosinophils
 - Monocytes
 - Segs (polys)

CASE REPORT

Four-year-old Sally has been running a low-grade fever for several weeks, with recurrent sore throat, earache, and cough. Her mother takes her to the family physician, who diagnoses her condition as otitis. Sally continues to be fatigued and anorexic. Her mother then notices bruising on her legs and arms. The family physician finally orders blood tests and an antibiotic drug. Peripheral blood tests reveal Hgb 7.4, platelet count 40,000, and WBC count 85,000 with 90% lymphoblasts. A bone marrow biopsy is ordered.

- What's the likely diagnosis for this patient?
 - AML
 - CLL
 - ALL
 - CML
- The probable cause of Sally's ecchymoses is
 - Neutropenia
 - Thrombocytopenia
 - Anorexia
 - Otitis
- The likely explanation for Sally's fatigue is
 - Anemia
 - Sore throat and cough
 - Thrombocytopenia
 - Neutropenia
- Treatment for Sally's condition is likely to be
 - Prolonged antibiotic therapy
 - IV feeding
 - Surgery to repair the bone marrow
 - Chemotherapy



IN PERSON

This is a first-person account of a woman undergoing an autologous stem cell transplant.

I was scheduled for a stem cell transplant to cure my recurrent primary central nervous system lymphoma, or PCNSL, a rare type of brain cancer. Until around fifteen years ago, stem cell transplants depended upon bone marrow from which to harvest the cells. Since then, scientists have discovered that there are actually more cells available in peripheral (circulating) blood than in marrow. Two medicines, Mozobil and Neupogen, aimed at stimulating enough stem cells to be collected from that peripheral source. Now, to prepare for my transplant, my daughter took me to Memorial Sloan-Kettering four consecutive nights for a Mozobil shot. Eight hours later, I had to return, after giving myself a Neupogen injection. In a peripheral autologous blood stem cell transplant, stem cells are collected from the circulating blood by apheresis, in which blood is withdrawn through a sterile needle, and passed through a machine that harvests stem cells into a container, while the remaining blood components are then transferred back into the patient's bloodstream. The fraction containing the blood stem cells is then frozen until needed for transplantation. Because patients get their own cells back, no chance exists for immune mismatch or graft-versus-host problems.

"Your blood has circulated through your body once—it takes an hour," the nurse explained that first day. "It will go around twice more, to sweep up all the stem cells it can, then you'll be done till tomorrow morning." That first day, I produced half of the total stem cells I would need for my treatment, emboldening me to make plans to return home after the next session. Instead, my collection slowed down and I squeezed out only another quarter of the necessary supply. I made enough stem cells the third day to reach the magic number, and was able to go home and wait for the hospital to call and say they'd scheduled me into their transplant schedule. A representative phoned two days later, laying out the next five weeks for me: I'd be admitted in eleven days to the transplant division, where I would remain, they hoped, for no more than a month. My (presumably clean) stem cells were safely stored in a freezer while I was to undergo intensive chemotherapy meant to destroy any lurking cancer cells in my brain (and of course, benign others in the medicine's take-no-prisoners path).



I was glad when the date arrived, and my husband Dennis moved me into my next month's home on the eighth floor of MSK, where we cheerfully commented on my having freedom to read as much as I wanted. I loved solitude, and I had so many books, loaded conveniently on my Kindle, that I planned to devour. What I had failed to understand is the nature of an autologous stem cell transplant, at least for primary CNS lymphoma. I was to be blasted, rendered helpless, with a trio of chemo agents able to pass through the blood-brain barrier, but not ordinarily available for treatment-as-a-threesome due to their combined viciousness: busulfan, thiotepa (mustard gas related), and cyclophosphamide (also a nitrogen mustard alkylating agent). I could risk receiving these killers because my uncontaminated stem cells were stored in the freezer. They would eventually replace my currently circulating blood that was being saturated with chemotherapy agents.

After nine days, my white blood count showed I was as low as I could go: I was at ground zero, "my second birthday." The blood we'd collected with the help of Mozobil and company was slowly thawed, for a few hours, and soon I was given a transfusion of my previously frozen blood, swarming with stem cells. Before long, I felt so sick I thought I was dying. Wearing diapers that had to be changed every twenty minutes, having rectal samples taken from my chafed, sometimes bloody "toilet skin" (as the nurse called it), being forced to sit up every minute, even at night, so that I could put the suction tube down my throat to keep from drowning in the rope-like mucositis, which ulcerated the membranes lining my digestive system. I could go on and on.

But as I'd been promised, nearly five weeks post-admission for the life-giving stem cell transplant, I was deemed ready to go home. For a month, however, our house operated like a medical office. That first week, I kept down half a shake a day. When I returned to Memorial for my first checkup, I had to stay an extra five hours for a hydration infusion. Four days later, my red blood count was low and I needed a transfusion—perfectly typical, Craig said cheerfully. By the second week, I'd started eating Cheerios with milk throughout the day, and my weight at least stabilized. I no longer looked like a skeleton.

At 100 days post-transplant, we could make love again. I worried that Dennis would find my scrawniness a turnoff, but he quickly forgot my new boy's body and enthusiastically helped me recapture my faith in our oneness. After all, we'd been through the battle and needed now to smell the perennial flowers. Turns out they're as colorful as ever.

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EXERCISES

Remember to check your answers carefully with the Answers to Exercises, page 537.

A Match the following cells with their definitions as given below.

basophil
eosinophil
erythrocyte

hematopoietic stem cell
lymphocyte
monocyte

neutrophil
platelet

1. mononuclear white blood cell (agranulocyte) formed in lymph tissue; it is a phagocyte and the precursor of a macrophage _____
2. thrombocyte or cell fragment that helps blood clot _____
3. cell in the bone marrow that gives rise to different types of blood cells _____
4. mononuclear leukocyte formed in lymph tissue; produces antibodies _____
5. leukocyte with dense, reddish granules having an affinity for red acidic dye; associated with allergic reactions _____
6. red blood cell _____
7. leukocyte (polymorphonuclear granulocyte) formed in the bone marrow; granules do not stain intensely and have a pale color _____
8. leukocyte (granulocyte) with dark-staining blue granules; releases histamine and heparin _____

B Give the meanings of the following terms.

1. coagulation _____
2. granulocyte _____
3. mononuclear _____
4. polymorphonuclear _____
5. globulin _____
6. erythroblast _____
7. megakaryocyte _____
8. macrophage _____
9. hemoglobin _____
10. plasma _____
11. myeloblast _____

C Match the following terms with their definitions below.

albumin
antibody
antigen
bilirubin

colony-stimulating factor
differentiation
erythropoietin
fibrinogen

globulin
heparin
plasma
serum

1. liquid portion of blood _____
2. orange-yellow pigment produced from hemoglobin when red blood cells are destroyed

3. plasma protein converted to fibrin in clotting process _____
4. proteins in plasma; separated into alpha, beta, and gamma types _____
5. hormone secreted by the kidneys to stimulate bone marrow to produce red blood cells

6. substance (usually foreign) that stimulates production of an antibody _____
7. protein in blood that maintains the proper amount of water in the blood _____
8. specific protein produced by lymphocytes in response to antigens in the blood _____
9. anticoagulant found in blood and tissue cells _____
10. plasma minus clotting proteins and cells _____
11. change in structure and function of a cell as it matures _____
12. protein that stimulates growth of white blood cells _____

D Give short answers for the following.

1. Name four types of plasma proteins. _____

2. What is the Rh factor? _____
3. What is hemolysis? _____
4. A person with type A blood has _____ antigens and _____ antibodies in his or her blood.
5. A person with type B blood has _____ antigens and _____ antibodies in his or her blood.
6. A person with type O blood has _____ antigens and _____ antibodies in his or her blood.
7. A person with type AB blood has _____ antigens and _____ antibodies in his or her blood.
8. Can you transfuse blood from a type A donor into a type B recipient? _____ Why or why not?

9. Can you transfuse blood from a type AB donor into a type O recipient? Why or why not?

10. What is electrophoresis? _____

11. What is an immunoglobulin? _____
12. What is differentiation? _____
13. What is plasmapheresis? _____
14. Why is type O the universal donor? _____

E Match the following terms related to clotting with their meanings as given below.

coagulation
fibrin
fibrinogen

heparin
prothrombin
serum

thrombin
warfarin (Coumadin)

1. anticoagulant substance found in liver cells, blood, and tissues _____
2. protein thread that forms the basis of a blood clot _____
3. plasma protein that is converted to thrombin in the clotting process _____
4. plasma minus clotting proteins and cells _____
5. drug given to patients to prevent formation of clots _____
6. plasma protein that is converted to fibrin in the clotting process _____
7. process of clotting _____
8. enzyme that helps convert fibrinogen to fibrin _____

F Divide the following terms into component parts and give the meanings of the complete terms.

1. anticoagulant _____
2. hemoglobinopathy _____
3. cytology _____
4. leukopenia _____
5. morphology _____
6. megakaryocyte _____
7. sideropenia _____
8. phagocyte _____
9. myelopoiesis _____
10. plateletpheresis _____
11. monoblast _____
12. myelodysplasia _____
13. hemostasis _____
14. thrombolytic (therapy) _____
15. hematopoiesis _____

G Match the following terms with their meanings.

coagulopathy
eosinophilia
hematocrit

leukapheresis
myeloid
neutropenia

thrombocytopenia
thrombosis

1. derived in bone marrow _____
2. deficiency of a type of white blood cell _____
3. percentage of red blood cells in a volume of blood _____
4. increase in a type of white blood cell (seen in allergies) _____
5. abnormal condition of clot formation _____
6. separation of white blood cells from a blood sample _____
7. disease of clotting process _____
8. deficiency of platelets _____

H Match the following terms concerning red blood cells with their meanings as given below.

anemia
anisocytosis
erythropoiesis
hematocrit

hemoglobin
hemolysis
hypochromic
macrocytosis

microcytosis
poikilocytosis
polycythemia vera
spherocytosis

1. any irregularity in the shape of red blood cells _____
2. oxygen-containing protein in red blood cells _____
3. formation of red blood cells _____
4. deficiency in numbers of red blood cells _____
5. destruction of red blood cells _____
6. pertaining to reduction of hemoglobin in red blood cells _____
7. variation in size of red blood cells _____
8. abnormal numbers of round, rather than normally biconcave-shaped, red blood cells

9. increase in number of small red blood cells _____
10. general increase in numbers of red blood cells; erythremia _____
11. increase in numbers of large red blood cells _____
12. separation of blood so that the percentage of red blood cells in relation to the volume of a blood sample is measured _____

I Describe the problem in each of the following forms of anemia.

1. iron deficiency anemia _____
2. pernicious anemia _____
3. sickle cell anemia _____
4. aplastic anemia _____
5. thalassemia _____

J Give the meanings of the following terms for blood dyscrasias.

1. purpura _____
2. granulocytosis _____
3. hemophilia _____
4. hemochromatosis _____
5. multiple myeloma _____
6. mononucleosis _____

K Match the term in Column I with its meaning in Column II. Write the letter of the meaning in the space provided.

COLUMN I

1. relapse _____
2. remission _____
3. palliative _____
4. Bence Jones protein _____
5. ecchymoses _____
6. pancytopenia _____
7. apheresis _____
8. eosinophilia _____
9. petechiae _____
10. packed cells _____

COLUMN II

- A. Deficiency of all blood cells
- B. Immunoglobulin fragment found in the urine of patients with multiple myeloma
- C. Increase in numbers of granulocytes; seen in allergic conditions
- D. Large blue or purplish patches on skin (bruises)
- E. Symptoms of the disease return
- F. Tiny purple or flat red spots on skin occurring as a result of small hemorrhages
- G. Symptoms of the disease disappear
- H. Separation of blood into its parts
- I. Preparation of erythrocytes separated from plasma
- J. Relieving but not curing

L Match the following laboratory test or clinical procedure with its description.

antiglobulin (Coombs) test	erythrocyte sedimentation rate	platelet count
autologous transfusion	hematocrit	red blood cell count
bleeding time	hematopoietic stem cell	red blood cell morphology
bone marrow biopsy	transplantation	white blood cell differential
coagulation time		

- microscopic examination of a stained blood smear to determine the shape of individual red blood cells _____
- percentage of red blood cells in a volume of blood _____
- determines the number of clotting cells per mm^3 or μL of blood _____
- time required for venous blood to clot in a test tube _____
- speed at which erythrocytes settle out of plasma _____
- percentages of different types of leukocytes in the blood _____
- test for the presence of antibodies that coat and damage erythrocytes _____
- peripheral stem cells from a compatible donor are infused into a recipient's vein to repopulate the bone marrow _____
- time required for blood to stop flowing from a small puncture wound _____
- microscopic examination of a core of bone marrow removed with a needle _____
- number of erythrocytes per mm^3 or μL of blood _____
- blood is collected from and later reinfused into the same patient _____

M Circle the boldface terms that best complete the meanings of the sentences.

- Gary, a 1-year-old African American child, was failing to gain weight normally. He seemed pale and without energy. His blood tests showed a decreased hemoglobin (5.0 g/dL) and decreased hematocrit (16.5%). After a blood smear revealed abnormally shaped red cells, the physician told Gary's parents that their son had (**iron deficiency anemia, hemophilia, sickle cell anemia**).
- While in the hospital, Mr. Klein was told he had an elevated (**red blood cell, white blood cell, platelet**) count with a "shift to the left." This was information that confirmed his diagnosis of a systemic infection.
- While Mr. Chen was taking warfarin (Coumadin), a blood thinner, his physician made sure to check his (**prothrombin time, hematocrit, sed rate**).
- Sixty-one-year-old Barbara's laboratory tests showed abnormal proteins in her plasma and Bence Jones protein in her urine. She had osteopenia and a fracture in one of her ribs. Her oncologist diagnosed her condition as (**mononucleosis, thrombocytopenic purpura, multiple myeloma**). He prescribed analgesics and drugs such as thalidomide and bortezomib (Velcade).
- Bobby was diagnosed at a very early age with a bleeding disorder called (**hemophilia, thalassemia, eosinophilia**). He needed factor VIII regularly, especially after even the slightest traumatic injury.

6. Juan was a 9-year-old boy who suddenly noticed many black and blue marks all over his legs. He had a fever and was tired all the time. The physician did a blood test that revealed pancytopenia. A bone marrow biopsy confirmed the diagnosis of (**acute lymphocytic leukemia, polycythemia vera, aplastic anemia**).
7. Alice and her friends had been staying up late for weeks, cramming for exams. She developed a sore throat and swollen lymph nodes in her neck and felt fatigued all the time. Dr. Smith did a blood test, and the results showed lymphocytosis and antibodies to EBV in the bloodstream. His diagnosis was (**leukapheresis, lymphocytopenia, mononucleosis**).
8. Susan was experiencing heavy menstrual periods (**menorrhea, menorrhagia, hemoptysis**). Because of the bleeding, she frequently felt tired and weak and probably was sideropenic. Her physician performed blood tests that revealed her problem as (**thrombocytopenia, pernicious anemia, iron deficiency anemia**).
9. Dr. Harris examined a highly allergic patient and sent a blood sample to a specialist, a (**pulmonary, cardiovascular, hematologic**) pathologist. The specialist stained the blood smear and found an abundance of leukocytes with dense, reddish granules. She made the diagnosis of (**basophilia, eosinophilia, neutrophilia**).
10. George's blood cell counts had been falling in recent weeks. His scheduled laparotomy was canceled because blood tests revealed (**pancytopenia, plasmapheresis, myelopoiesis**). Bone marrow biopsy determined that the cause was (**hyperplasia, hypoplasia, differentiation**) of all cellular elements.

N Give the meanings of the following abbreviations in Column I and then select the best association for each from sentences in Column II.

COLUMN I

1. Hgb _____
2. GVHD _____
3. ALL _____
4. PT _____
5. CML _____
6. EPO _____
7. IgA, IgE, IgD _____
8. CLL _____
9. Hct _____
10. AML _____

COLUMN II

- A. Blood protein that transports oxygen to tissues.
- B. Malignant condition of white blood cells; immature granulocytes (myeloblasts) predominate.
- C. Malignant condition of white blood cells; immature lymphocytes predominate.
- D. Test used to follow patients who are taking certain anticoagulants.
- E. Percentage of red cells in blood volume.
- F. Malignant condition of white blood cells in which both mature and immature granulocytes are present; a slowly progressive illness.
- G. Immune reaction of donor's cells/tissue to recipient's cells/tissue; a possible outcome of hematopoietic stem cell or bone marrow transplantation.
- H. Proteins containing antibodies.
- I. Malignant condition of white blood cells in which relatively mature lymphocytes predominate in lymph nodes, spleen, and bone marrow; usually seen in elderly patients.
- J. Hormone that stimulates the growth of red blood cells.

ANSWERS TO EXERCISES

A

- | | | |
|----------------------------|----------------|---------------|
| 1. monocyte | 4. lymphocyte | 7. neutrophil |
| 2. platelet | 5. eosinophil | 8. basophil |
| 3. hematopoietic stem cell | 6. erythrocyte | |

B

- | | | |
|--|--|--|
| 1. blood clotting | 4. pertaining to a white blood cell with a multi-lobed nucleus; neutrophil | 8. monocyte that migrates from blood to tissue spaces; phagocyte that engulfs foreign material and ingests red blood cells |
| 2. white blood cell with numerous, dark-staining granules (neutrophil, basophil, and eosinophil) | 5. plasma protein; alpha, beta, and gamma (immune) globulins are examples | 9. blood protein containing iron; carries oxygen in erythrocytes |
| 3. pertaining to a leukocyte with a single round nucleus; monocytes and lymphocytes are mononuclear leukocytes | 6. immature red blood cell | 10. liquid portion of blood |
| | 7. large platelet precursor (forerunner) cell found in bone marrow | 11. immature bone marrow cell that gives rise to granulocytes |

C

- | | | |
|---------------|-------------------|-------------------------------|
| 1. plasma | 5. erythropoietin | 9. heparin |
| 2. bilirubin | 6. antigen | 10. serum |
| 3. fibrinogen | 7. albumin | 11. differentiation |
| 4. globulin | 8. antibody | 12. colony-stimulating factor |

D

- | | | |
|--|--|---|
| 1. albumin, globulins, fibrinogen, and prothrombin | 8. no; A antigens will react with the anti-A antibodies in the type B recipient's bloodstream | 11. protein with antibody activity; IgG, IgH, IgE |
| 2. an antigen normally found on red blood cells of Rh+ individuals | 9. no; A and B antigens will react with the anti-A and anti-B antibodies in the type O recipient's bloodstream | 12. change in structure and function of a cell as it matures; specialization |
| 3. destruction or breakdown of red blood cells | 10. a method of separating serum proteins by electrical charge | 13. removal by centrifuge of plasma from withdrawn blood |
| 4. A; anti-B | | 14. type O blood does not contain A or B antigens and therefore will not react with antibodies in any recipient's blood |
| 5. B; anti-A | | |
| 6. no A or B; anti-A and anti-B | | |
| 7. A and B; no anti-A and no anti-B | | |

E

- | | | |
|----------------|------------------------|----------------|
| 1. heparin | 4. serum | 7. coagulation |
| 2. fibrin | 5. warfarin (Coumadin) | 8. thrombin |
| 3. prothrombin | 6. fibrinogen | |

F

- | | | |
|--|--|---|
| 1. anti/coagul/ant—a substance that prevents clotting | 8. phag/o/cyte—cell that eats or swallows other cells | 13. hem/o/stasis—controlling or stopping the flow of blood |
| 2. hemoglobin/o/pathy—disease (abnormality) of hemoglobin | 9. myel/o/poiesis—formation of bone marrow | 14. thromb/o/lytic (therapy)—pertaining to treatment using drugs to destroy clots |
| 3. cyt/o/logy—study of cells | 10. platelet/pheresis—separation of platelets from the rest of the blood | 15. hemat/o/poiesis—formation of blood cells |
| 4. leuk/o/penia—deficiency of white (blood) cells | 11. mon/o/blast—immature monocyte | |
| 5. morph/o/logy—study of the shape or form (of cells) | 12. myel/o/dys/plasia—abnormal (ineffective) production of myeloid cells in bone marrow. Myeloid progenitor cells give rise to erythrocytes, granulocytes, and platelets | |
| 6. mega/kary/o/cyte—cell with a large (mega-) nucleus (kary); platelet precursor | | |
| 7. sider/o/penia—deficiency of iron | | |

G

- | | | |
|----------------|------------------|---------------------|
| 1. myeloid | 4. eosinophilia | 7. coagulopathy |
| 2. neutropenia | 5. thrombosis | 8. thrombocytopenia |
| 3. hematocrit | 6. leukapheresis | |

H

- | | | |
|-------------------|------------------|-----------------------|
| 1. poikilocytosis | 5. hemolysis | 9. microcytosis |
| 2. hemoglobin | 6. hypochromic | 10. polycythemia vera |
| 3. erythropoiesis | 7. anisocytosis | 11. macrocytosis |
| 4. anemia | 8. spherocytosis | 12. hematocrit |

I

- | | | |
|--|--|--|
| 1. lack of iron leading to insufficient hemoglobin production | 3. hereditary disorder of abnormal hemoglobin producing sickle-shaped erythrocytes and hemolysis | 5. inherited defect in ability to produce hemoglobin, leading to hypochromia |
| 2. lack of mature erythrocytes caused by inability to absorb vitamin B ₁₂ into the bloodstream (intrinsic factor is missing in gastric juice, so B ₁₂ is not absorbed) | 4. failure of blood cell production in bone marrow | |

J

- | | | |
|--|---|---|
| 1. multiple pinpoint hemorrhages and accumulation of blood under the skin (cause is deficiency of platelets) | 3. excessive bleeding caused by hereditary lack of blood clotting factors | 6. infectious disease marked by increased numbers of mononuclear leukocytes and enlarged cervical lymph nodes |
| 2. abnormal increase in granulocytes in the blood (eosinophilia and basophilia) | 4. excessive iron deposits throughout the body | |
| | 5. malignant neoplasm of bone marrow | |

K

- | | | |
|------|------|-------|
| 1. E | 5. D | 8. C |
| 2. G | 6. A | 9. F |
| 3. J | 7. H | 10. I |
| 4. B | | |

L

- | | | |
|-----------------------------------|--|----------------------------|
| 1. red blood cell morphology | 6. white blood cell differential | 9. bleeding time |
| 2. hematocrit | 7. antiglobulin (Coombs) test | 10. bone marrow biopsy |
| 3. platelet count | 8. hematopoietic stem cell transplantation | 11. red blood cell count |
| 4. coagulation time | | 12. autologous transfusion |
| 5. erythrocyte sedimentation rate | | |

M

- | | | |
|-----------------------|--------------------|--|
| 1. sickle cell anemia | 5. hemophilia | 8. menorrhagia; iron deficiency anemia |
| 2. white blood cell | 6. aplastic anemia | 9. hematologic; eosinophilia |
| 3. prothrombin time | 7. mononucleosis | 10. pancytopenia; hypoplasia |
| 4. multiple myeloma | | |

N

- | | | |
|----------------------------------|---|--|
| 1. hemoglobin: A | 5. chronic myelogenous (myelocytic) leukemia: F | 8. chronic lymphocytic leukemia: I |
| 2. graft-versus-host disease: G | 6. erythropoietin: J | 9. hematocrit: E |
| 3. acute lymphocytic leukemia: C | 7. immunoglobulins: H | 10. acute myelogenous (myelocytic) leukemia: B |
| 4. prothrombin time: D | | |

Answers to Practical Applications**Five Short Clinical Cases**

- c
- b
- c
- b
- a

Case Report

- c
- b
- a
- d



PRONUNCIATION OF TERMS

To test your understanding of the terminology in this chapter, write the meaning of each term in the space provided. In addition, you may wish to cover the terms and write them by looking at your definitions. Make sure your spelling is correct. The page number after each term indicates where it is defined or used in the book, so you can easily check your responses. You will find complete definitions for all of these terms and their audio pronunciations on the Evolve website.

Pronunciation Guide

ā as in āpe	ă as in ăpple
ē as in ēven	ě as in ěvery
ī as in īce	ĩ as in ĩnterest
ō as in ōpen	ő as in pőt
ū as in ūnit	ű as in ūnder

Vocabulary and Terminology

TERM	PRONUNCIATION	MEANING
albumin (510)	ăl-BŪ-mĭn	_____
anisocytosis (512)	ăn-ĭ-sō-sĭ-TŌ-sĭs	_____
antibody (510)	ĂN-tĭ-bōd-ē	_____
anticoagulant (512)	ăn-tĭ-cō-ĂG-ŭ-lănt	_____
antigen (510)	ĂN-tĭ-jĕn	_____
basophil (510)	BĂ-sō-fĭl	_____
bilirubin (510)	bĭl-ĭ-ROO-bĭn	_____
coagulation (510)	kō-ăg-ŭ-LĂ-shŭn	_____
coagulopathy (512)	kō-ăg-ŭ-LŎP-ă-thē	_____
colony-stimulating factor (510)	KŎL-ō-nē STĪM-ŭ-lă-tĭng FĂK-tŏr	_____
cytology (512)	sĭ-TŎL-ō-jē	_____
differentiation (510)	dĭf-ēr-ĕn-shē-Ā-shŭn	_____
electrophoresis (510)	ē-lĕk-trŏ-fŏ-RĒ-sĭs	_____
eosinophil (510)	ē-ō-SĪN-ō-fĭl	_____
eosinophilia (514)	ē-ō-sĭn-ō-FĪL-ē-ă	_____
erythroblast (510)	ě-RĪTH-rŏ-blăst	_____
erythrocyte (510)	ě-RĪTH-rŏ-sĭt	_____
erythropoiesis (514)	ě-rĭth-rŏ-poy-Ē-sĭs	_____
erythropoietin (510)	ě-rĭth-rŏ-POY-ě-tĭn	_____
fibrin (510)	FĪ-brĭn	_____
fibrinogen (510)	fĭ-BRĪN-ŏ-jĕn	_____
globulin (510)	GLŎB-ŭ-lĭn	_____
granulocyte (512)	GRĂN-ŭ-lŏ-sĭt	_____
granulocytopenia (514)	grăn-ŭ-lŏ-sĭ-tŏ-PĒ-nē-ă	_____
hematopoiesis (514)	hē-mă-tŏ-poy-Ē-sĭs	_____

TERM	PRONUNCIATION	MEANING
hematopoietic stem cell (510)	hē-mă-tō-pō-EH-tīk stēm sěl	_____
hemoglobin (510)	HĒ-mō-glō-bīn	_____
hemoglobinopathy (512)	hē-mō-glō-bīn-ŌP-ă-thē	_____
hemolysis (510)	hē-MŌL-ī-sīs	_____
hemostasis (514)	hē-mō-STĀ-sīs	_____
heparin (510)	HĒP-ă-rīn	_____
hypochromic (512)	hī-pō-KRŌ-mīk	_____
immune reaction (510)	īm-MŪN rē-ĀK-shŭn	_____
immunoglobulin (510)	īm-ū-nō-GLŌB-ū-līn	_____
leukapheresis (513)	loo-kă-fē-RĒ-sīs	_____
leukocyte (511)	LOO-kō-sīt	_____
leukopenia (512)	loo-kō-PĒ-nē-ă	_____
lymphocyte (511)	LĪM-fō-sīt	_____
macrocytosis (514)	măk-rō-sī-TŌ-sīs	_____
macrophage (511)	MĀK-rō-fāj	_____
megakaryocyte (511)	mĕg-ă-KĀR-ē-ō-sīt	_____
microcytosis (514)	mī-krō-sī-TŌ-sīs	_____
monoblast (513)	MŌN-ō-blăst	_____
monocyte (511)	MŌN-ō-sīt	_____
mononuclear (511)	mŏn-ō-NŪ-klē-ăr	_____
morphology (512)	mŏr-FŌL-ō-jē	_____
myeloblast (511)	MĪ-ē-lō-blăst	_____
myelodysplasia (513)	mī-ē-lō-dīs-PLĀ-zhē-ă	_____
myeloid (514)	MĪ-ē-loyd	_____
myelopoiesis (514)	mī-ē-lō-poy-Ē-sīs	_____
neutropenia (513)	noo-trō-PĒ-nē-ă	_____
neutrophil (511)	NOO-trō-fīl	_____
neutrophilia (514)	noo-trō-FĪL-ē-ă	_____
pancytopenia (514)	păn-sī-tō-PĒ-nē-ă	_____
phagocyte (513)	FĀG-ō-sīt	_____
plasma (511)	PLĀZ-mă	_____
plasmapheresis (511)	plăz-mă-fē-RĒ-sīs	_____
platelet (511)	PLĀT-lēt	_____
plateletpheresis (513)	plăt-lēt-fē-RĒ-sīs	_____

TERM	PRONUNCIATION	MEANING
poikilocytosis (513)	poy-kĩ-lō-sĩ-TŌ-sīs	_____
polymorphonuclear (511)	pōl-ē-mōr-fō-NŪ-klē-ār	_____
prothrombin (511)	prō-THRŌM-bĩn	_____
reticulocyte (511)	rě-TĪK-ũ-lō-sīt	_____
Rh factor (511)	R-h FĂK-tōr	_____
serum (511)	SĚ-rŭm	_____
sideropenia (513)	sĩd-ēr-ō-PĚ-nē-ă	_____
spherocytosis (515)	sfēr-ō-sĩ-TŌ-sīs	_____
stem cell (511)	STĚM sěl	_____
thrombin (511)	THRŌM-bĩn	_____
thrombocyte (511)	THRŌM-bō-sīt	_____
thrombocytopenia (513)	thrŏm-bō-sĩ-tō-PĚ-nē-ă	_____
thrombolytic therapy (514)	thrŏm-bō-LĪ-tĩk THĚR-ă-pē	_____
thrombosis (514)	thrŏm-BŌ-sīs	_____

Pathology, Laboratory Tests, and Clinical Procedures

TERM	PRONUNCIATION	MEANING
acute lymphocytic leukemia (519)	ă-KŪT lĩm-fō-SĪ-tĩk loo-KĚ-mē-ă	_____
acute myelogenous leukemia (518)	ă-KŪT mĩ-ě-LŎJ-ě-nŭs loo-KĚ-mē-ă	_____
anemia (515)	ă-NĚ-mē-ă	_____
antiglobulin test (520)	ăn-tē-GLŎB-ũ-lĩn tĕst	_____
apheresis (522)	ă-fě-RĚ-sīs	_____
aplastic anemia (515)	ă-PLĂS-tĩk ă-NĚ-mē-ă	_____
autologous transfusion (522)	ăw-TŎL-ō-gŭs trăns-FŪ-zhŭn	_____
bleeding time (520)	BLĚ-dĩng tĩm	_____
blood transfusion (522)	blŭd trăns-FŪ-zhŭn	_____
bone marrow biopsy (522)	bōn MĂ-rō BĪ-ŏp-sē	_____
chronic lymphocytic leukemia (519)	KRŎ-nĩk lĩm-fō-SĪ-tĩk loo-KĚ-mē-ă	_____
chronic myelogenous leukemia (519)	KRŎ-nĩk mĩ-ě-LŎJ-ě-nŭs loo-KĚ-mē-ă	_____
coagulation time (520)	kō-ăg-ũ-LĂ-shŭn tĩm	_____
complete blood count (520)	kŏm-PLĚT blŭd kount	_____

TERM	PRONUNCIATION	MEANING
dyscrasia (515)	dīs-KRĀ-zē-ă	_____
ecchymoses (518)	ĕk-kī-MŌ-sēs	_____
erythrocyte sedimentation rate (520)	ĕ-RĪTH-rō-sīt sĕd-ĭ-mĕn-TĀ-shŭn rāt	_____
granulocytosis (519)	grăn-ŭ-lō-sī-TŌ-sis	_____
hematocrit (521)	hē-MĀT-ō-krit	_____
hematopoietic stem cell transplant (522)	hē-mă-tō-poy-Ĕ-tĭk stĕm sĕl TRĀNS-plānt	_____
hemochromatosis (517)	hē-mō-krō-mă-TŌ-sis	_____
hemoglobin test (521)	HĒ-mō-glō-bĭn tĕst	_____
hemolytic anemia (516)	hē-mō-LĪ-tĭk ă-NĒ-mē-ă	_____
hemophilia (517)	hē-mō-FĪL-ē-ă	_____
intrinsic factor (516)	ĭn-TRĪN-sĭk FĀK-tŏr	_____
leukemia (518)	loo-KĒ-mē-ă	_____
mononucleosis (520)	mŏ-nō-nū-klē-Ō-sis	_____
multiple myeloma (520)	MŪL-tĭ-pl mĭ-ĕ-LŌ-mă	_____
palliative (520)	PĀL-ē-ă-tĭv	_____
pernicious anemia (516)	pĕr-NĪSH-ŭs ă-NĒ-mē-ă	_____
petechiae (518)	pĕ-TĒ-kē-ă	_____
platelet count (521)	PLĀT-lĕt kount	_____
polycythemia vera (517)	pŏl-ē-sī-THĒ-mē-ă VĒR-ă	_____
prothrombin time (521)	prō-THRŌM-bĭn tĭm	_____
purpura (518)	PŪR-pŭ-ră	_____
red blood cell count (521)	rĕd blŭd sĕl kount	_____
red blood cell morphology (521)	rĕd blŭd sĕl mŏr-FŌL-ŏ-jē	_____
relapse (519)	RĒ-lăps	_____
remission (519)	rē-MĪSH-ŭn	_____
sickle cell anemia (516)	SĪK-l sĕl ă-NĒ-mē-ă	_____
thalassemia (517)	thāl-ă-SĒ-mē-ă	_____
white blood cell count (521)	wĭt blŭd sĕl kount	_____
white blood cell differential (521)	wĭt blŭd sĕl dĭ-fĕr-ĔN-shŭl	_____



REVIEW SHEET

Write the meanings of the word parts in the spaces provided. Check your answers with the information in the chapter or in the Glossary (Medical Word Parts—English) at the end of the book.

Combining Forms

COMBINING FORM	MEANING	COMBINING FORM	MEANING
bas/o	_____	leuk/o	_____
chrom/o	_____	kary/o	_____
coagul/o	_____	mon/o	_____
cyt/o	_____	morph/o	_____
eosin/o	_____	myel/o	_____
erythr/o	_____	neutr/o	_____
fibrin/o	_____	nucle/o	_____
granul/o	_____	phag/o	_____
hem/o	_____	poikil/o	_____
hemat/o	_____	sider/o	_____
hemoglobin/o	_____	spher/o	_____
is/o	_____	thromb/o	_____

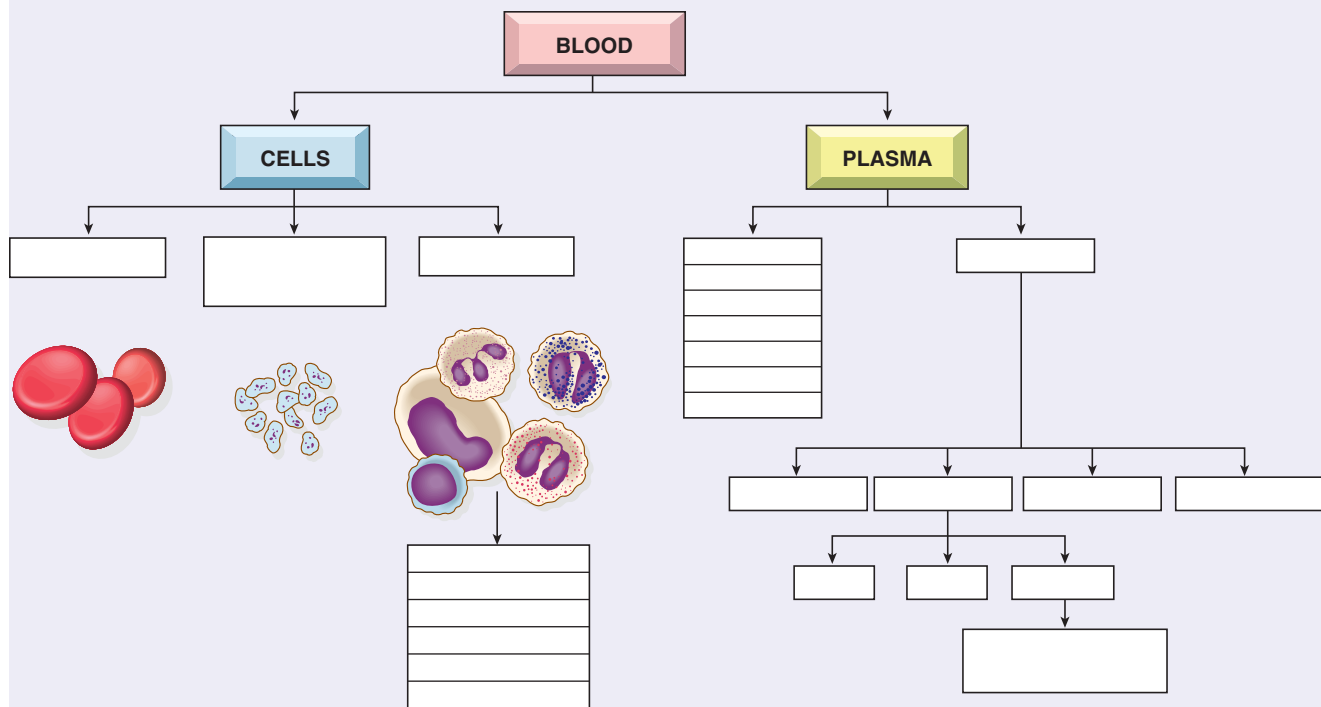
Suffixes

SUFFIX	MEANING	SUFFIX	MEANING
-apheresis	_____	-osis	_____
-blast	_____	-penia	_____
-cytosis	_____	-phage	_____
-emia	_____	-philia	_____
-gen	_____	-phoresis	_____
-globin	_____	-plasia	_____
-globulin	_____	-poiesis	_____
-lytic	_____	-stasis	_____
-oid	_____		

Prefixes

PREFIX	MEANING	PREFIX	MEANING
a-, an-	_____	micro-	_____
anti-	_____	mono-	_____
hypo-	_____	pan-	_____
macro-	_____	poly-	_____
mega-	_____		

Components of blood: Study Figure 13-7, page 507 and fill in the blank boxes.



CHAPTER 14

Lymphatic and Immune Systems

This chapter is divided into the following sections:

Introduction, 546

Lymphatic System, 548

Immune System, 551

Vocabulary, 553

Terminology, 556

Pathology, 557

Laboratory Tests and Clinical Procedures, 562

Abbreviations, 563

Practical Applications, 564

In Person: Treating Patients with Lymphoma, 566

Exercises, 567

Answers to Exercises, 571

Pronunciation of Terms, 573

Review Sheet, 576

CHAPTER GOALS

- Identify the structures of the lymphatic and immune systems and understand how the systems work.
- Learn basic terminology, combining forms, and other word parts related to these systems.
- Recognize terms describing pathologic conditions.
- Identify laboratory tests, clinical procedures, and abbreviations.
- Apply your new knowledge to understanding medical terms in their proper contexts, such as medical reports and records.

INTRODUCTION

The lymphatic system and the immune system are considered together in this chapter because aspects of their functions in the body are very closely related.

Lymph is a clear, watery fluid that surrounds body cells and flows in a system of thin-walled lymph vessels (the lymphatic system) that extends throughout the body.

Lymph differs from blood, but it has a close relationship to the blood system. Lymph fluid does not contain erythrocytes or platelets, but it is rich in two types of white blood cells (leukocytes): **lymphocytes** and **monocytes**. The liquid part of lymph is similar to blood plasma in that it contains water, salts, sugar, and wastes of metabolism such as urea and creatinine, but it differs in that it contains less protein. Lymph actually originates from the blood. It is the same fluid that filters out of tiny blood capillaries into the spaces between cells. This fluid that surrounds body cells is called **interstitial fluid**. Interstitial fluid passes continuously into specialized thin-walled vessels called **lymph capillaries**, which are found coursing through tissue spaces (Figure 14-1). The fluid in the lymph capillaries, now called **lymph** instead of interstitial fluid, passes through larger lymphatic vessels and through clusters of lymph tissues (**lymph nodes**), finally reaching large lymphatic vessels in the upper chest. Lymph enters these large lymphatic vessels, which then empty into the bloodstream. Figure 14-2 illustrates schematically the relationship between the blood and the lymphatic systems. Table 14-1 reviews the differences between lymph and blood.

The lymphatic system has several functions. First, it is a drainage system to transport needed proteins and fluid that have leaked out of the blood capillaries (and into the interstitial fluid) back to the bloodstream via the veins. Second, the lymphatic vessels in the intestines absorb lipids (fats) from the small intestine and transport them to the bloodstream.

A third function of the lymphatic system relates to the **immune system**: the defense of the body against foreign organisms such as bacteria and viruses. Lymphocytes and monocytes, originating in bone marrow, lymph nodes, and organs such as the spleen and thymus gland, protect the body by producing antibodies and by mounting a cellular attack on foreign cells and organisms.

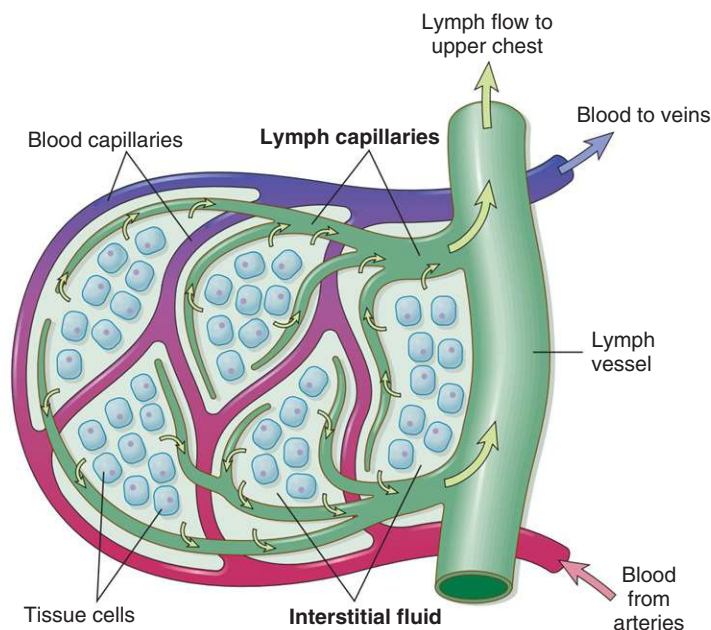


FIGURE 14-1 Interstitial fluid and lymph capillaries.

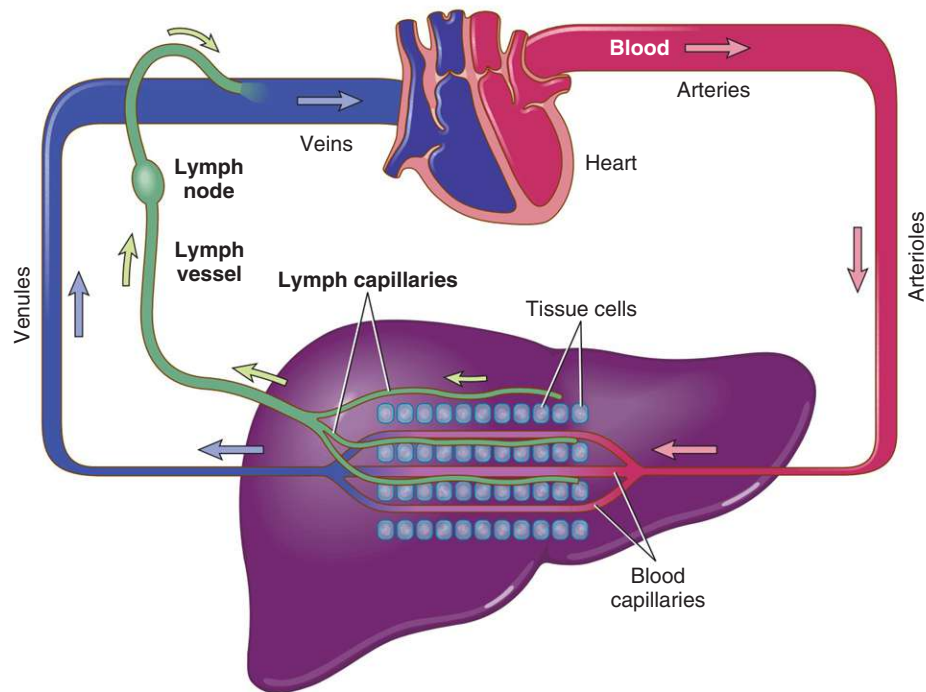


FIGURE 14-2 Relationship between the circulatory systems of blood and lymph.

TABLE 14-1 LYMPH AND BLOOD

Lymph (colorless)	Blood (red)
NO PUMP Fluid moved along by muscle movement and valves	PUMP Heart pumps blood through blood vessels
WHITE BLOOD CELLS Lymphocytes Monocytes	ALL BLOOD CELLS Erythrocytes (give blood its red color) Leukocytes Platelets
INTERSTITIAL FLUID Water Less protein and other plasma components Lipids (fats) from small intestine	PLASMA Water Proteins Salts, nutrients, lipids, and wastes

LYMPHATIC SYSTEM

ANATOMY

Label Figure 14-3A as you read the following paragraphs.

Lymph capillaries [1] begin at the spaces around cells throughout the body. Like blood capillaries, they are thin-walled tubes. Lymph capillaries carry lymph from the tissue spaces to larger **lymph vessels** [2]. Lymph vessels have thicker walls than those of lymph capillaries and, like veins, contain valves so that lymph flows in only one direction, toward the thoracic cavity. Collections of stationary lymph tissue, called **lymph nodes** [3], are located along the path of the lymph vessels.

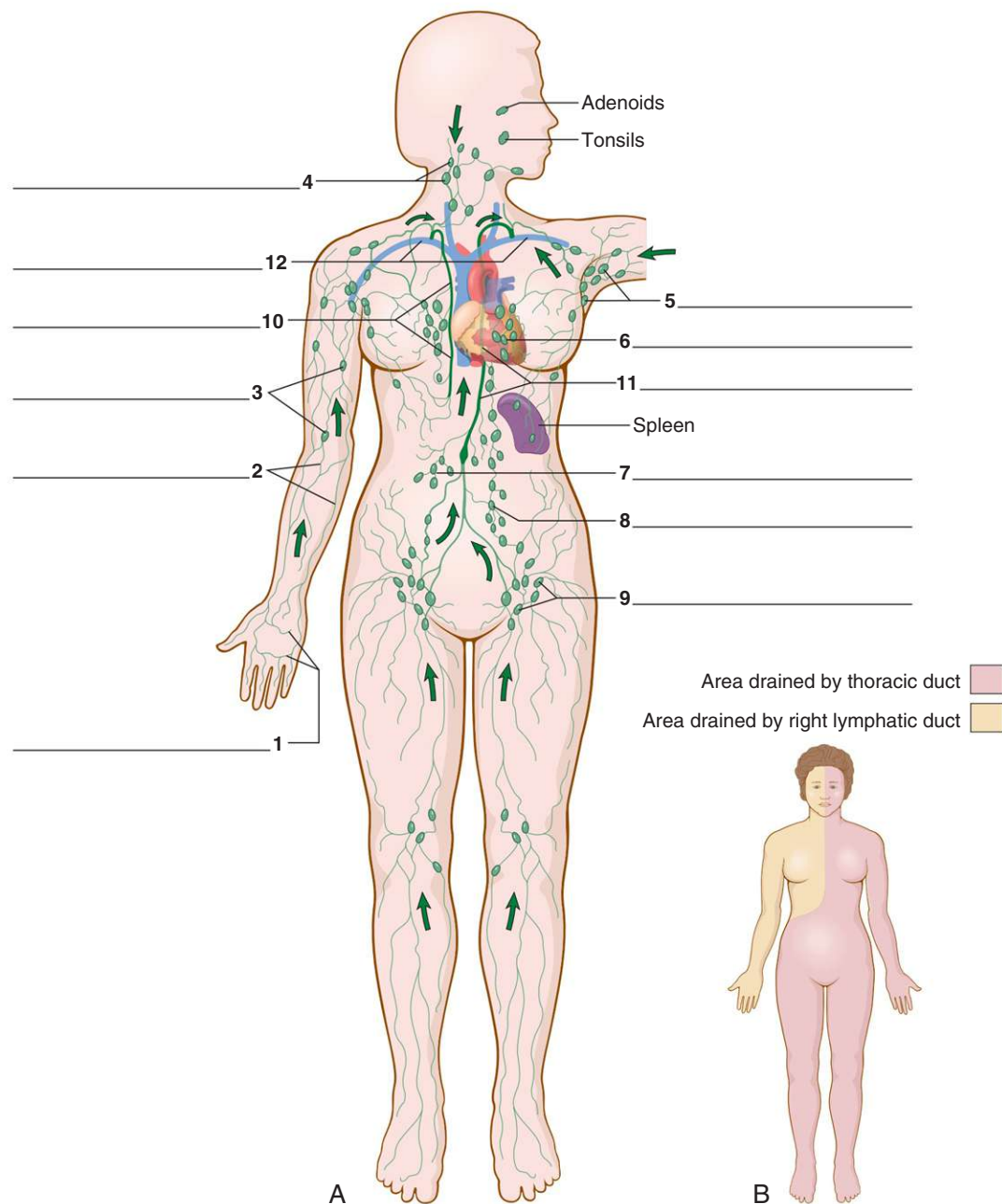


FIGURE 14-3 Lymphatic system. **A**, Label the figure according to the descriptions in the text. **B**, Note the different regions of the body drained by the right lymphatic duct and the thoracic duct.

Major sites of lymph node concentration are shown in Figure 14-3A. These are the **cervical** (neck) [4], **axillary** (armpit) [5], **mediastinal** (chest) [6], **mesenteric** (intestinal) [7], **paraortic** (lumbar) [8], and **inguinal** (groin) [9] regions. Remember that **tonsils** are masses of lymph tissue in the throat near the back of the mouth (oropharynx), and **adenoids** are enlarged lymph tissue in the part of the throat near the nasal passages (nasopharynx).

Lymph vessels all lead toward the thoracic cavity and empty into two large ducts in the upper chest. These are the **right lymphatic duct** [10] and the **thoracic duct** [11]. The thoracic duct drains the lower body and the left side of the head, whereas the right lymphatic duct drains the right side of the head and the chest (a much smaller area) (see Figure 14-3B). Both ducts carry the lymph into **large veins** [12] in the neck, where the lymph then enters the bloodstream.

Lymph nodes not only produce lymphocytes but also filter lymph and trap substances from infectious, inflammatory, and cancerous lesions. Special cells called **macrophages**, located in lymph nodes (as well as in the spleen, liver, and lungs), swallow (phagocytose) foreign substances. When bacteria are present in lymph nodes that drain a particular area of the body, the nodes become swollen with collections of cells and their engulfed debris and become tender. Lymph nodes also fight disease when specialized lymphocytes called **B lymphocytes (B cells)**, which are present in the nodes, produce antibodies. Other lymphocytes present in nodes are **T lymphocytes (T cells)**. They attack bacteria and foreign cells by accurately recognizing a cell as foreign and destroying it. (See Figure 14-4.) B cells mature in bone marrow, while T cells originate in the thymus gland.

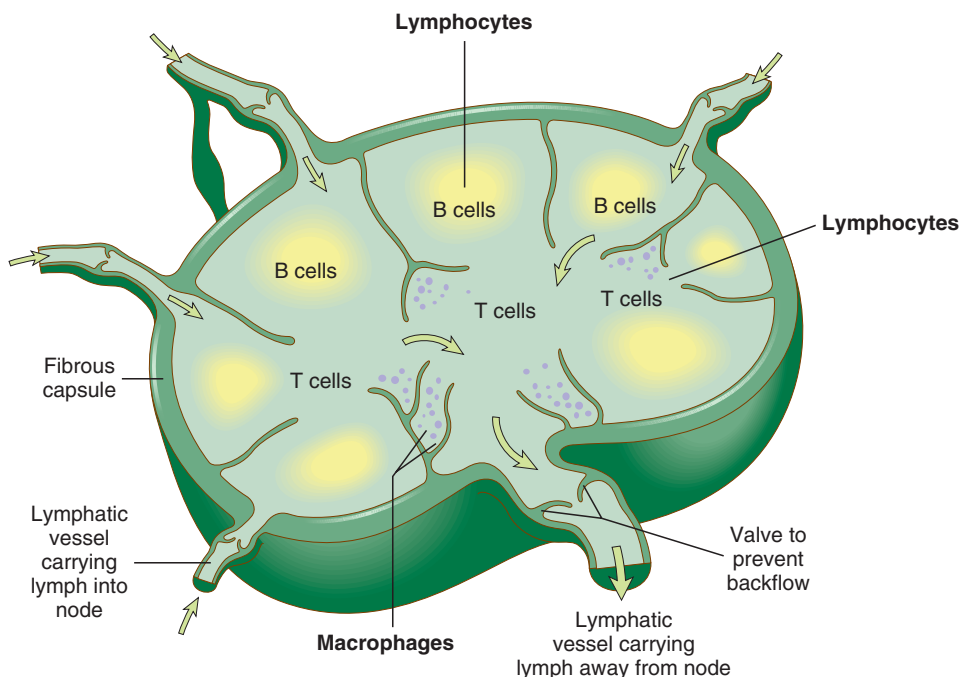


FIGURE 14-4 Lymph node containing lymphocytes (B cells and T cells) and macrophages.

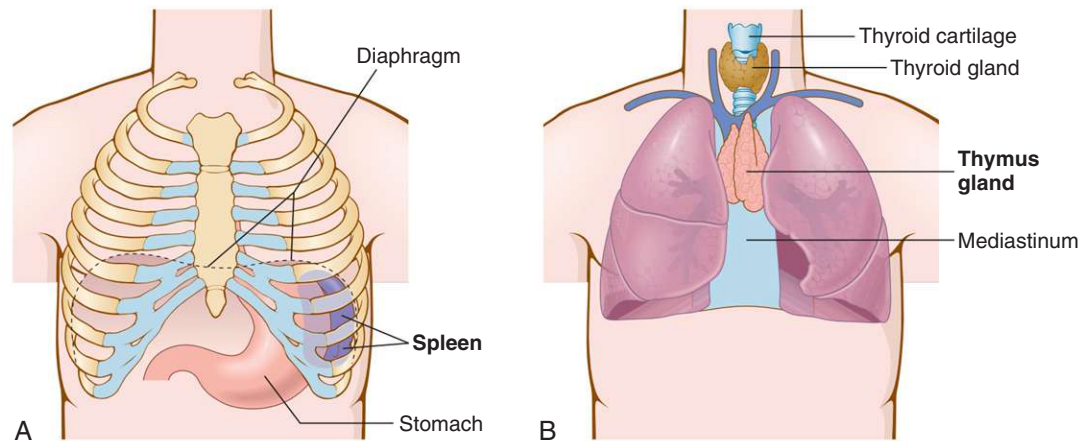


FIGURE 14-5 A, Spleen and adjacent structures. B, Thymus gland in its location in the mediastinum between the lungs.

SPLEEN AND THYMUS GLAND

The spleen and the thymus gland are specialized organs that are also a part of the lymphatic system.

The **spleen** (Figure 14-5A) is located in the left upper quadrant of the abdomen, next to the stomach. Although the spleen is not essential to life, it has several important functions:

1. **Destruction of old erythrocytes by macrophages.** In the slow-moving circulation of the spleen, red cell breakdown (hemolysis) liberates hemoglobin, which is converted to bilirubin in the liver and then is excreted into the bile.
2. **Filtration of microorganisms and other foreign material from the blood.**
3. **Activation of lymphocytes.** Activated B lymphocytes (B cells) produce antibodies. Activated T lymphocytes (T cells) attack foreign materials.
4. **Storage of blood,** especially erythrocytes and platelets.

The spleen is susceptible to injury. A sharp blow to the upper abdomen (as from the impact of a car's steering wheel) may cause rupture of the spleen. Massive hemorrhage can occur when the spleen is ruptured, and immediate surgical removal (splenectomy) may be necessary. After splenectomy, the liver, bone marrow, and lymph nodes take over the functions of the spleen.

The **thymus gland** (see Figure 14-5B) is a lymphatic organ located in the upper mediastinum between the lungs. During fetal life and childhood it is quite large, but it becomes smaller with age. The thymus gland is composed of nests of lymphoid cells resting on a platform of connective tissue. It plays an important role in the body's ability to protect itself from disease (immunity), especially in fetal life and during the early years of growth. It is known that a thymectomy (removal of the thymus gland) performed in an animal during the first weeks of life impairs the ability of the animal to make antibodies and to produce immune cells that fight against foreign antigens such as bacteria and viruses. Thus, the thymus gland is important in development of an effective immune system in childhood.

Early in development, in the thymus, lymphocytes learn to recognize and accept the body's own antigens as "self" or friendly. This acceptance of "self" antigens is called **tolerance**. When the tolerance process fails, immune cells react against normal cells, resulting in various pathologic conditions (autoimmune disease). See page 556, under **autoimmune disease** (aut/o = self).

IMMUNE SYSTEM

The immune system is specialized to defend the body against **antigens** (such as toxins, bacterial proteins, or foreign blood cells). This system includes **leukocytes** such as **neutrophils**, **monocytes**, and **macrophages**, which are phagocytes found in blood and tissues throughout the body. In addition, **lymphoid organs**, such as the lymph nodes, spleen, thymus gland, tonsils, and adenoids, produce **lymphocytes** and **antibodies**.

NATURAL AND ADAPTIVE IMMUNITY

Immunity is the body's ability to resist foreign organisms and toxins that damage tissues and organs. **Natural immunity** is **resistance present at birth**. It is not dependent on prior exposure to an antigen (infectious agent). An example of natural immunity is after a bacterial infection, white blood cells respond immediately to the intruding antigens. **Neutrophils** travel to the infected area and ingest bacteria. Other white blood cells, such as **monocytes**, **macrophages**, and **lymphocytes (NK or natural killer cells)**, also participate in the body's natural immunity against infection.

In addition to natural immunity, a healthy person can develop **adaptive immunity**. This is the body's ability to **recognize** and **remember** specific antigens in an immune response. **Lymphocytes (T and B cells)** are part of adaptive immunity. **T cells recognize** and **remember** specific antigens and produce stronger attacks each time the antigen is encountered. **B cells** secrete **antibodies** against antigens. Think of what happens when you have a cold or the flu. You are exposed to a viral antigen. Your B cells secrete antibodies, which not only destroy the virus but remain in the blood so that when the virus reappears, at a later time, you have adaptive immunity to it! Another example of adaptive immunity is **vaccination**. You are given an injection of a killed virus (for example, poliovirus) that doesn't make you ill, but stimulates your B cells to secrete antibodies against that virus so that if you are exposed to it at a later time, you will have adaptive immunity.

There are instances when more immediate adaptive immunity is necessary. Poisons (toxins) that rapidly cause major damage (for example, snake venom) can be counteracted by giving ready-made antibodies, called **antitoxins**, produced in another organism. Injections of ready-made antibodies, such as **immunoglobulins**, can boost your adaptive immunity before you travel to a foreign country. Infants are given adaptive immunity when they receive **maternal antibodies** through the placenta or breast milk. Figure 14-6 reviews the general differences between natural and adaptive immunity.

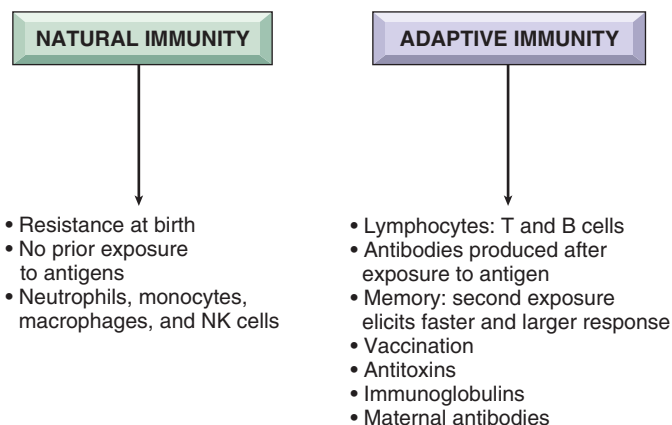


FIGURE 14-6 Types of immunity.

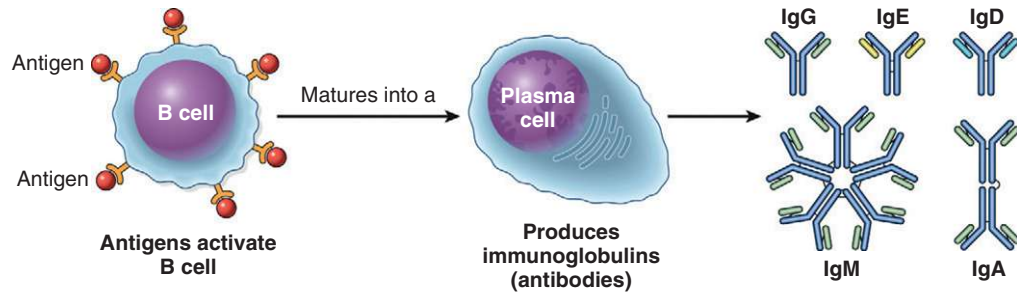


FIGURE 14-7 Humoral immunity: B cell, plasma cell, and immunoglobulins.

Adaptive immunity has two components: **humoral immunity** and **cell-mediated immunity**. Humoral immunity involves **B cells (B lymphocytes)**, while cell-mediated immunity involves **T cells (T lymphocytes)**. In **humoral immunity**, **B cells** produce **antibodies** after exposure to specific antigens (viruses and bacteria). This is what happens: The B cell matures into another cell called a **plasma cell**. It is the plasma cell that produces antibodies called **immunoglobulins**, which block the effects of antigens. Examples of immunoglobulins (**Ig = immunoglobulin**) are **IgM**, **IgA**, **IgG**, **IgE**, and **IgD**. One maternal immunoglobulin, **IgG**, crosses the placenta to provide immunity for newborns. Another, **IgE**, is important in allergic reactions and in fighting parasitic infections. Figure 14-7 reviews the relationship of a B cell, plasma cell, and immunoglobulins in humoral immunity.

Cell-mediated immunity does not involve antibodies. Rather, it involves several types of **T cells** with different functions. For example, **cytotoxic T cells (CD8+ T cells)** attach to antigens and directly kill them. Cytotoxic cells also secrete **cytokines (interferons and interleukins)**, which aid other cells in antigen destruction. **Helper T cells (CD4+ T cells)** assist B cells in making antibodies and they stimulate T cells to attack antigens. **Suppressor T cells** (also called **regulatory T cells** or **Tregs**) inhibit both B and T cells and prevent them from attacking the body's own good cells. Figure 14-8 reviews the types of T cells in cell-mediated immunity.

The adaptive immune system is helped by a number of other proteins and cells found in circulating blood. One of these is the **complement system**, a group of proteins that helps antibodies kill their target. Another warrior is the **dendritic cell**, which initiates adaptive immunity by presenting antigens to T and B cells, showing them precisely what they need to counteract. A number of cell types can present antigens to T cells, but dendritic cells are especially efficient at this task. Figure 14-9 reviews the roles of B cells, T cells, complement, and dendritic cells.

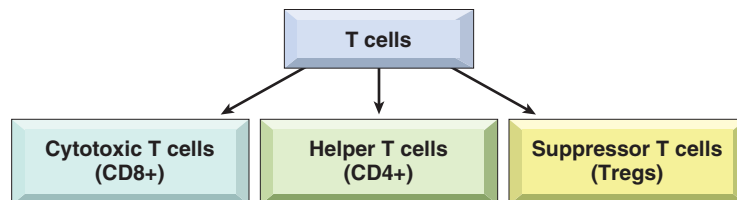


FIGURE 14-8 Cell-mediated immunity: Types of T cells.

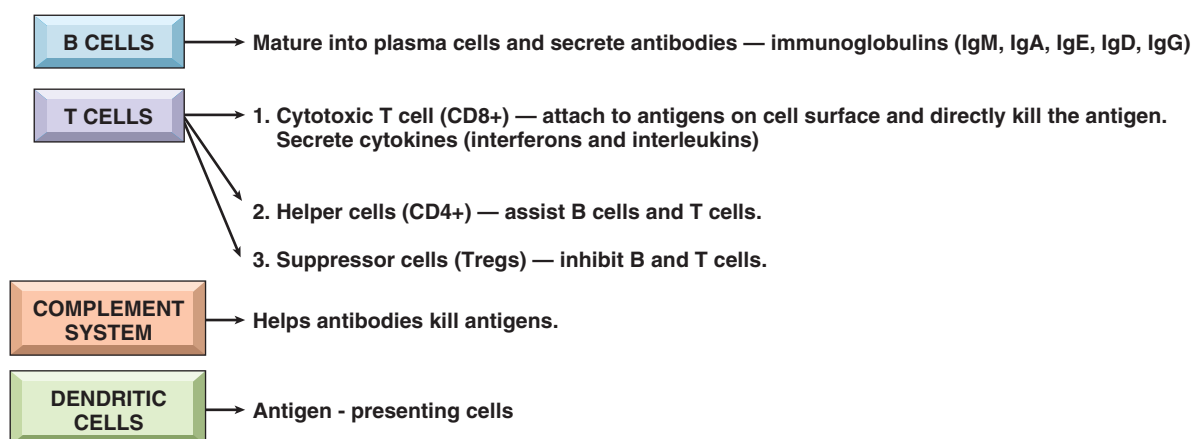


FIGURE 14-9 Functions of B cells, T cells, complement, and dendritic cells.

IMMUNOTHERAPY

Immunotherapy is the use of antibodies, B cells (producing antibodies), and T cells to treat disease such as cancer. Types of immunotherapy are:

Monoclonal antibodies (MoAb)—These are antibodies created in a laboratory by special reproductive (cloning) techniques. They are designed to attack specific cancer cells. An example of monoclonal antibody therapy is the drug rituximab (Rituxan), made to kill malignant lymphoma cells. The antibody may be linked to various toxins or radioactive particles and delivered to tumor cells, to enhance the killing effect.

Vaccines—These preparations contain antigens (proteins) from a patient's tumor cells. When they are injected, they stimulate the patient's own T cells to recognize and kill the cancerous cells. Vaccines may be injected or given as a nasal spray.

Transfer of immune cells—In bone marrow transplantation, T lymphocytes from a donor can replace a patient's immune system with new cells that recognize tumor cells as foreign and kill them.

Monoclonal antibodies and transfer of immune cells are passive immunotherapy (immune agents are given to the patient), while vaccination is active immunotherapy (the patient's own immune system is stimulated to do the work).



VOCABULARY

This list reviews many of the new terms introduced in the text. Short definitions reinforce your understanding of the terms. Refer to the Pronunciation of Terms on page 573 for help with unfamiliar or difficult words.

adaptive immunity	The ability to recognize and remember specific antigens and mount an attack on them. Humoral (B cells) and cell-mediated immunity (T cells) are examples.
adenoids	Mass of lymphatic tissue in the nasopharynx.
antibody	Protein produced by B cells to destroy antigens.
antigen	Substance that the body recognizes as foreign; evokes an immune response. Most antigens are proteins or protein fragments found on the surface of bacteria, viruses, or organ transplant tissue cells.

axillary nodes	Lymph nodes in the armpit (underarm).
B cell (B lymphocyte)	Lymphocyte that matures into a plasma cell to secrete antibodies. The B refers to the bursa of Fabricius, an organ in birds in which B cell differentiation and growth were first noted to occur.
cell-mediated immunity	T cells (cytotoxic, helper and suppressor) that respond to antigens and destroy them; a type of adaptive immunity.
cervical nodes	Lymph nodes in the neck region.
complement system	Proteins in the blood that help antibodies kill their target.
cytokines	Proteins secreted by cytotoxic T cells to aid in antigen destruction. Examples are interferons and interleukins.
cytotoxic T cell	Lymphocyte that directly kills antigens; called CD8-positive T cell .
dendritic cell	Antigen-presenting cell. Shows T and B cells what to attack.
helper T cell	Lymphocyte that aids B cells and stimulates T cells. Also called CD4-positive T cell .
humoral immunity	B cells produce antibodies after exposure to specific antigens; type of adaptive immunity.
immunity	Body's ability to resist foreign organisms and toxins that damage tissues and organs. This includes natural immunity and adaptive immunity. The word immunity comes from Latin <i>immunis</i> , meaning exempt or protected from.
immunoglobulins	Antibodies such as IgA, IgE, IgG, IgM, and IgD; secreted by plasma cells (mature B cells) in response to the presence of an antigen.
immunotherapy	Use of immune cells, antibodies, or vaccines to treat or prevent disease.
inguinal nodes	Lymph nodes in the groin region.
interferons	Proteins (cytokines) secreted by T cells and other cells to aid and regulate the immune response.
interleukins	Proteins (cytokines) that stimulate the growth of B and T lymphocytes.
interstitial fluid	Fluid in the spaces between cells. This fluid becomes lymph when it enters lymph capillaries.
lymph	Thin, watery fluid found within lymphatic vessels and collected from tissues throughout the body. Latin <i>lympa</i> means clear spring water.
lymph capillaries	Tiniest lymphatic vessels.
lymphoid organs	Lymph nodes, spleen, and thymus gland.
lymph node	Collection of stationary solid lymphatic tissue along lymph vessels; contains cells (lymphocytes and macrophages) that fight infection.
lymph vessel	Carrier of lymph throughout the body; lymphatic vessels empty lymph into veins in the upper part of the chest.
macrophage	Large phagocyte found in lymph nodes and other tissues of the body. Phag/o means to eat or swallow.
mediastinal nodes	Lymph nodes in the area between the lungs in the thoracic (chest) cavity.

mesenteric nodes	Lymph nodes in the mesentery (intestinal region).
monoclonal antibody	Antibody produced in a laboratory to attack antigens and to destroy cells; useful in immunotherapy.
natural immunity	Protection that an individual is born with to fight infection such as neutrophils, monocytes, macrophages, and NK cells. It is not antigen specific and does not elicit memory.
paraaortic nodes	Lymph nodes near the aorta in the lumbar (waist) area of the body.
plasma cell	Lymphocyte that secretes antibodies. It matures from B lymphocytes.
right lymphatic duct	Lymphatic vessel in the chest that drains lymph from the upper right part of the body. It empties lymph into a large vein in the neck.
spleen	Organ in the left upper quadrant of the abdomen that destroys worn-out red blood cells, activates lymphocytes, and stores blood.
suppressor T cell	Lymphocyte that inhibits the activity of B and T cells. Also called a Treg (regulatory T cell) .
T cell (T lymphocyte)	Lymphocyte that acts directly on antigens to destroy them or produce chemicals (cytokines) such as interferons and interleukins that are toxic to antigens.
tolerance	The ability of T lymphocytes to recognize and accept the body's own antigens as "self" or friendly. Once tolerance is established, the immune system will not react against the body.
thoracic duct	Large lymphatic vessel that drains lymph from the lower and left side of the body (head, neck, arm, and chest). It empties lymph into large veins in the neck.
thymus gland	Lymphoid organ in the mediastinum that conditions T cells to react to foreign cells and aids in the immune response.
tonsils	Masses of lymphatic tissue in the back of the oropharynx.
toxin	Poison; a protein produced by certain bacteria, animals, or plants.
vaccination	Exposure of an individual to a foreign protein (antigen) that provokes an immune response. The response will destroy any cell that possesses the antigen on its surface and will protect against infection. The term comes from the Latin <i>vacca</i> , cow—the first inoculations were given with organisms that caused the disease cowpox to produce immunity to smallpox.
vaccine	Weakened or killed microorganisms, toxins, or other proteins given to induce immunity to infection or disease.



TERMINOLOGY

Write the meanings of the medical terms in the spaces provided.

COMBINING FORMS

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
immun/o	protection	autoimmune disease _____ <i>Examples are rheumatoid arthritis and systemic lupus erythematosus. These are chronic, disabling diseases caused by the abnormal production of antibodies against normal body tissues. Signs and symptoms are inflammation of joints, skin rash, and fever. Glucocorticoid drugs (prednisone) and other immunosuppressants (azathioprine, methotrexate) are effective as treatment but make patients susceptible to infection.</i>	
		immunoglobulin _____ immunosuppression _____ <i>This may occur because of exposure to drugs (corticosteroids) or as the result of disease (AIDS and cancer). Immunosuppressed patients are susceptible to infection with fungi, Pneumocystis bacteria, and other pathogens.</i>	
lymph/o	lymph	lymphopoiesis _____	
		lymphedema _____ <i>Interstitial fluid collects within the spaces between cells as a result of obstruction of lymphatic vessels and nodes. Radiation therapy may destroy lymphatics and produce lymphedema, as in breast cancer treatment (Figure 14-10).</i>	
		lymphocytopenia _____	
		lymphocytosis _____	
		lymphoid _____ <i>The suffix -oid means resembling or derived from. Lymphoid organs include lymph nodes, spleen, and thymus gland.</i>	



FIGURE 14-10 Lymphedema of right arm secondary to mastectomy, lymphadenectomy, and radiotherapy.

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
lymphaden/o	lymph node (gland)	<u>lymphadenopathy</u> _____ <u>lymphadenitis</u> _____	
splen/o	spleen	<u>splenomegaly</u> _____ <i>Note that the combining form for spleen contains only one e.</i> <u>splenectomy</u> _____ <u>asplenia</u> _____ <i>The condition may be congenital or result from surgical removal.</i> <u>hypersplenism</u> _____ <i>A syndrome marked by splenomegaly and often associated with blood cell destruction, anemia, leukopenia, and thrombocytopenia.</i>	
thym/o	thymus gland	<u>thymectomy</u> _____	
tox/o	poison	<u>toxic</u> _____	

PREFIXES

PREFIX	MEANING	TERMINOLOGY	MEANING
ana-	again, anew	<u>anaphylaxis</u> _____ <i>The suffix -phylaxis means protection. This is an unusual hypersensitivity to previously encountered foreign proteins or other antigens. Vasodilation and a decrease in blood pressure can be life-threatening.</i>	
inter-	between	<u>interstitial fluid</u> _____ <i>The suffix -stitial means pertaining to standing or positioned.</i>	

PATHOLOGY

IMMUNODEFICIENCY

Some immunodeficiency disorders are present at birth. An example is **severe combined immunodeficiency disease (SCID)**. Affected infants are born with a deficiency of B cells and T cells, resulting in a lack of immunity. The thymus is small, and children have little or no protection against infection.

acquired immunodeficiency syndrome (AIDS)

Group of clinical signs and symptoms associated with suppression of the immune system and marked by opportunistic infections, secondary neoplasms, and neurologic problems.

AIDS is caused by the **human immunodeficiency virus (HIV)**. HIV destroys **helper T cells** (also known as **CD4+ cells**, containing the CD4 protein antigen). This disrupts the immune response, allowing infections to occur. Infectious diseases associated with AIDS are called **opportunistic infections** because HIV lowers resistance and allows infection by bacteria and parasites that are easily otherwise contained by normal defenses. Table 14-2 lists many of these opportunistic infections; use the table as a reference.

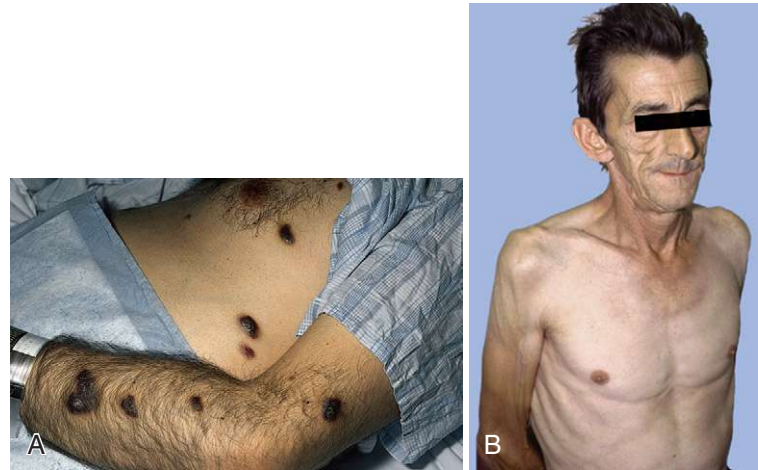
TABLE 14-2 OPPORTUNISTIC INFECTIONS WITH AIDS

Infection	Description
candidiasis	Yeast-like fungus (<i>Candida</i>), normally present in the mouth, skin, intestinal tract, and vagina, overgrows, causing infection of the mouth (thrush), respiratory tract, and skin.
cryptococcal infection (Crypto)	Yeast-like fungus (<i>Cryptococcus</i>) causes lung, brain, and blood infections. Pathogen is found in pigeon droppings and nesting places, air, water, and soil.
cryptosporidiosis	Parasitic infection of the gastrointestinal tract and brain and spinal cord. The pathogen, <i>Cryptosporidium</i> , is a one-celled organism commonly found in farm animals.
cytomegalovirus (CMV) infection	Virus causes enteritis and retinitis (inflammation of the retina at the back of the eye). Found in saliva, semen, cervical secretions, urine, feces, blood, and breast milk, but usually causes disease only when the immune system is compromised.
herpes simplex	Viral infection causes small blisters on the skin of the lips or nose or on the genitals. Herpes simplex virus also can cause encephalitis.
histoplasmosis (Histo)	Fungal infection caused by inhalation of dust contaminated with <i>Histoplasma capsulatum</i> ; causes fever, chills, and lung infection. Pathogen is found in bird and bat droppings.
<i>Mycobacterium avium-intracellulare</i> (MAI) complex infection	Bacterial disease manifesting with fever, malaise, night sweats, anorexia, diarrhea, weight loss, and lung and blood infections.
<i>Pneumocystis pneumonia</i> (PCP)	One-celled organism causes lung infection, with fever, cough, and chest pain. Pathogen is found in air, water, and soil and is carried by animals. Infection is treated with trimethoprim-sulfamethoxazole (Bactrim), a combination of antibiotics, or with pentamidine. Aerosolized pentamidine, which is inhaled, can prevent occurrence of PCP.
toxoplasmosis (Toxo)	Parasitic infection involving the central nervous system (CNS) and causing fever, chills, visual disturbances, confusion, hemiparesis (slight paralysis in half of the body), and seizures. Pathogen (<i>Toxoplasma</i>) is acquired by eating uncooked lamb or pork, unpasteurized dairy products, or raw eggs or vegetables.
tuberculosis (TB)	Bacterial disease (caused by <i>Mycobacterium tuberculosis</i>) involving the lungs, brain, and other organs. Signs and symptoms are fever, cough, loss of weight, anorexia, and blood in sputum.

Malignancies associated with AIDS are **Kaposi sarcoma** (a cancer arising from the lining cells of capillaries that produces dark purplish skin nodules) and **lymphoma** (cancer of lymph nodes). **Wasting syndrome**, marked by weight loss and decrease in muscular strength, appetite, and mental activity, also may occur with AIDS (Figure 14-11A and B).

Persons who were exposed to HIV and now have antibodies in their blood against this virus are **HIV-positive**. HIV is found in blood, semen, vaginal and cervical secretions, saliva, and other body fluids. Transmission of HIV may occur by three routes: sexual contact, blood inoculation (through sharing of contaminated needles, accidental needlesticks, or contact with contaminated blood or blood products), and passage of the virus from infected mothers to their newborns. Table 14-3 summarizes the common routes of transmission of HIV.

FIGURE 14-11 A, Kaposi sarcoma. B, Wasting syndrome.



HIV-infected patients may remain asymptomatic for as long as 10 years. Signs and symptoms associated with HIV infection are lymphadenopathy, neurologic disease, oral thrush (fungal infection), night sweats, fatigue, and evidence of opportunistic infections.

Some drugs that are used to treat AIDS are inhibitors of the viral enzyme called **reverse transcriptase (RT)**. After invading the helper T cell (carrying the CD4+ antigen), HIV releases reverse transcriptase to help it grow and multiply inside the cell. Examples of **reverse transcriptase inhibitors (RTIs)** are zidovudine and lamivudine (Epivir). A second class of anti-HIV drugs is the **protease inhibitors**. These drugs inhibit another viral enzyme called protease. HIV needs protease to reproduce. Use of combinations of protease inhibitors (nelfinavir, amprenavir) and RTIs is called **HAART (highly active antiretroviral therapy)**. This treatment has in many cases abolished evidence of viral infection in affected people.

TABLE 14-3 COMMON ROUTES OF TRANSMISSION OF AIDS VIRUS

Route	People Affected
Receptive oral and anal intercourse	Men and women
Receptive vaginal intercourse	Women
Sharing of needles and equipment (users of intravenous drugs)	Men and women
Contaminated blood (for transfusion) or blood products	Men and women (in hemophiliacs)
From mother, in utero or via breast feeding	Neonates

HYPERSENSITIVITY

allergy

Abnormal hypersensitivity acquired by exposure to an antigen.

Allergic (all/o = other) reactions occur when a sensitized person, who has previously been exposed to an agent (**allergen**), reacts violently to a subsequent exposure. This reaction varies in intensity from **allergic rhinitis** or hay fever (caused by pollen or animal dander) to **systemic anaphylaxis**, in which an extraordinary hypersensitivity reaction occurs throughout the body, leading to fall in blood pressure (hypotension), shock, respiratory distress, and edema (swelling) of the larynx. Anaphylaxis can be life-threatening, but the patient usually survives if the airways are kept open and treatment is given immediately (epinephrine and antihistamines).

Other allergies include **asthma** (pollens, dust, molds), **hives** (caused by food or drugs), and **atopic dermatitis** (rash from soaps, cosmetics, chemicals). Atopic means related to **atopy**, a hypersensitivity or allergic state arising from an inherited predisposition. A person who is atopic is prone to allergies (Figure 14-12).

MALIGNANCIES

lymphoma

Malignant tumor of lymph nodes and lymph tissue.

There are many types of lymphoma, varying according to the particular cell type and degree of differentiation. Some examples are:

Hodgkin disease—Malignant tumor of lymphoid tissue in the spleen and lymph nodes. This disease is characterized by **lymphadenopathy** (lymph nodes enlarge), splenomegaly, fever, weakness, and loss of weight and appetite. The diagnosis often is made by identifying a malignant cell (**Reed-Sternberg cell**) in the lymph nodes. If disease is localized, the treatment may be radiotherapy or chemotherapy. If the disease is more widespread, chemotherapy is given alone. There is a very high probability of cure with available treatments. Figure 14-13 illustrates staging of Hodgkin disease.



FIGURE 14-12 Atopic dermatitis.

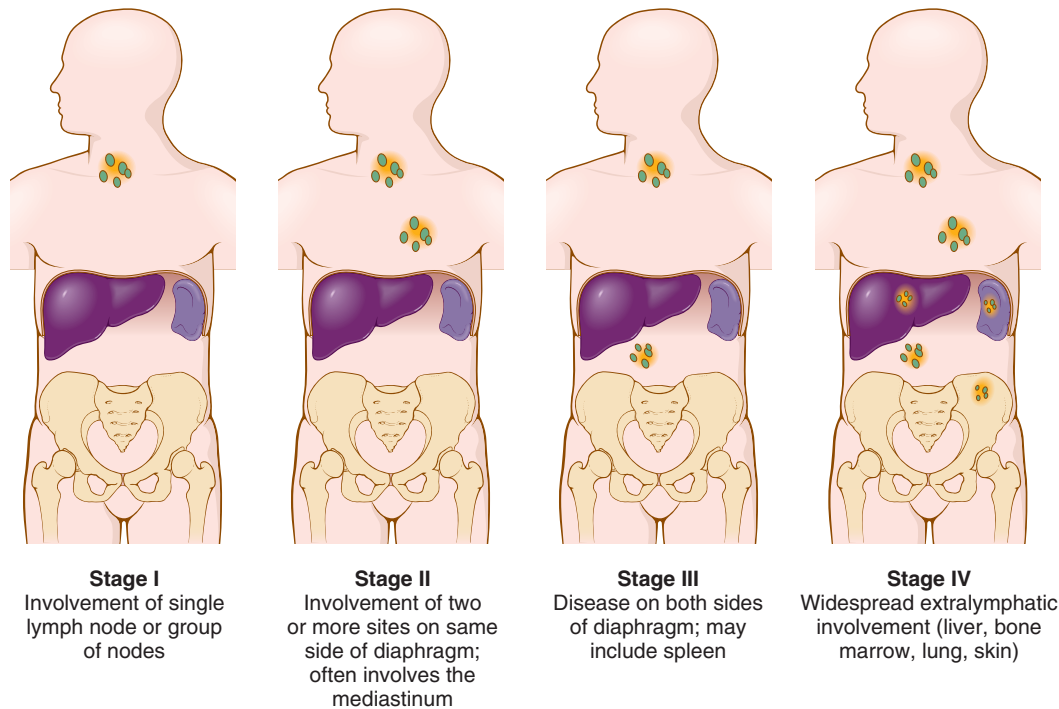


FIGURE 14-13 Staging of Hodgkin disease involves assessing the extent of spread of the disease. Lymph node biopsies, laparotomy with liver and lymph node biopsies, and splenectomy may be necessary for staging.

Non-Hodgkin lymphomas—These include **follicular lymphoma** (composed of collections of small lymphocytes in a follicle or nodule arrangement) and **large cell lymphoma** (composed of large lymphocytes that infiltrate nodes and tissues diffusely). Non-Hodgkin lymphomas are mostly B cell lymphomas and rarely T cell malignancies. Chemotherapy may cure or stop the progress of this disease.

multiple myeloma

Malignant tumor of bone marrow cells.

This is a tumor composed of **plasma cells** (antibody-producing B lymphocytes) associated with high levels of one of the specific immunoglobulins, usually IgG. **Waldenström macroglobulinemia** is another disorder of malignant B cells. This disease involves B cells that produce large quantities of IgM (a globulin of high molecular weight). Increased IgM concentration impairs the passage of blood through capillaries in the brain and eyes, causing a hyperviscosity syndrome (thickening of the blood).

thymoma

Malignant tumor of the thymus gland.

Often thymoma is associated with a neuromuscular disorder, myasthenia gravis. Many patients with thymoma have other associated autoimmune disorders such as systemic lupus erythematosus and rheumatoid arthritis.

Surgery is the principal method of treating thymoma; postoperative radiation therapy is used for patients with evidence of spread of the tumor.



STUDY SECTION

Practice spelling each term and know its meaning.

allergen	Substance capable of causing a specific hypersensitivity reaction in the body; a type of antigen.
anaphylaxis	Exaggerated or unusual hypersensitivity to foreign protein or other substance.
atopy	Hypersensitive or allergic state involving an inherited predisposition. From the Greek <i>atopia</i> , meaning strangeness.
CD4+ cells	Helper T cells that carry the CD4 protein antigen on their surface. HIV binds to CD4 and infects and kills T cells bearing this protein. AIDS patients have an inadequate number of CD4+ cells.
Hodgkin disease	Malignant tumor of lymphoid tissue in spleen and lymph nodes; Reed-Sternberg cell often is found on microscopic analysis.
human immunodeficiency virus (HIV)	Virus (retrovirus) that causes AIDS.
Kaposi sarcoma	Malignant lesion associated with AIDS; arises from the lining of capillaries and appears as red, purple, brown, or black skin nodules.
non-Hodgkin lymphomas	Group of malignant tumors involving lymphoid tissue. Examples are follicular lymphoma and large cell lymphoma.
opportunistic infections	Infectious diseases associated with AIDS; they occur because HIV infection lowers the body's resistance and allows infection by bacteria and parasites that normally are easily contained.
protease inhibitor	Drug that treats AIDS by blocking the production of protease, a proteolytic enzyme that helps create new viral pieces for HIV.
reverse transcriptase inhibitor (RTI)	Drug that treats AIDS by blocking reverse transcriptase, an enzyme needed to make copies of HIV.
wasting syndrome	Weight loss, decrease in muscular strength, appetite, and mental activity; associated with AIDS.

LABORATORY TESTS AND CLINICAL PROCEDURES

LABORATORY TESTS

CD4+ cell count

Measures the number of CD4+ T cells (helper T cells) in the bloodstream of patients with AIDS.

A normal count usually is between 500 and 1500 CD4+ cells per mm³. If the CD4+ count falls below 250 to 200, it is recommended to start treatment with anti-HIV drugs.

ELISA

Screening test to detect anti-HIV antibodies in the bloodstream.

Antibodies to HIV begin to appear within 2 weeks of infection with HIV. If the result of this test is positive, it is confirmed with a **Western blot** test, which is more specific. ELISA is an abbreviation for enzyme-linked immunsorbent assay.

immunoelectrophoresis**Test that separates immunoglobulins (IgM, IgG, IgE, IgA, IgD).**

This procedure detects the presence of abnormal levels of antibodies in patients with conditions such as multiple myeloma and Waldenström macroglobulinemia.

viral load test**Measurement of the amount of AIDS virus (HIV) in the bloodstream.**

Two viral load tests are a PCR (polymerase chain reaction) assay and an NASBA (nucleic acid sequence–based amplification) test.

CLINICAL PROCEDURES**computed tomography (CT) scan****X-ray imaging produces cross-sectional and other views of anatomic structures.**

These x-ray views show abnormalities of lymphoid organs, such as lymph nodes, spleen, and thymus gland.

**ABBREVIATIONS**

AIDS	acquired immunodeficiency syndrome	HSV	herpes simplex virus
CD4+ cell	helper T cell	IgA, IgD, IgE, IgG, IgM	immunoglobulins
CD8+ cell	cytotoxic T cell	IL1 to IL15	interleukins
CMV	cytomegalovirus—causes opportunistic AIDS-related infection	KS	Kaposi sarcoma
Crypto	<i>Cryptococcus</i> —causes opportunistic AIDS-related infection	MAI	<i>Mycobacterium avium-intracellulare</i> (MAI) complex—group of pathogens that cause lung and systemic disease in immunocompromised patients
ELISA	enzyme-linked immunosorbent assay—test to detect anti-HIV antibodies	MoAb	monoclonal antibody
G-CSF	granulocyte colony-stimulating factor—cytokine that promotes neutrophil production	NHL	non-Hodgkin lymphoma
GM-CSF	granulocyte-macrophage colony-stimulating factor—cytokine secreted by macrophages to promote growth of myeloid progenitor cells and their differentiation to granulocytes	PCP	<i>Pneumocystis</i> pneumonia—opportunistic AIDS-related infection
HAART	highly active antiretroviral therapy—use of combinations of drugs that are effective against AIDS	PI	protease inhibitor
HD	Hodgkin disease	RTI	reverse transcriptase inhibitor—for example, zidovudine (Retrovir) or lamivudine (Epivir)
Histo	histoplasmosis—fungal infection seen in AIDS patients	SCID	severe combined immunodeficiency disease
HIV	human immunodeficiency virus—causes AIDS	Treg	regulatory T cell (suppressor T cell)
		Toxo	toxoplasmosis—parasitic infection associated with AIDS



PRACTICAL APPLICATIONS

Answers to the questions are on page 572.

MEDICAL TERMINOLOGY IN SENTENCES

1. In addition to the opportunistic infections and malignancies that typically characterize AIDS, pathology of the CNS occurs with some regularity. Specifically, CNS lymphomas, encephalitis, meningitis, progressive leukoencephalopathy, toxoplasmosis, and myelitis have been reported in patients with HIV infection. Dementia and delirium [clouding of consciousness] also have been reported as psychiatric complications.
2. Protease inhibitors interrupt HIV replication, blocking an enzyme called protease. When protease is blocked, HIV cannot infect new cells. Protease inhibitors can reduce HIV viral load in the blood and increase CD4+ T cell counts. Examples of protease inhibitors are indinavir (Crixivan) and nelfinavir (Viracept).
3. Lymph nodes that are nontender and rock-hard are suggestive of a diagnosis of metastatic carcinoma.
4. Infectious mononucleosis and Hodgkin disease are more common in young adults, whereas non-Hodgkin lymphoma and chronic lymphocytic leukemia are more common in middle-aged and elderly people.
5. Oral candidiasis (thrush) manifesting without a history of recent antibiotic therapy, chemotherapy, or immunosuppression may indicate the possibility of HIV infection or diabetes.

Questions about Medical Terminology In Sentences

1. What parts of the body commonly are affected by the AIDS virus?
 - a. Kidney and urinary bladder
 - b. Brain and spinal cord
 - c. Pancreas and thyroid glands
2. Which CNS condition often is seen in AIDS patients?
 - a. Inflammation of the brain and membranes around the brain
 - b. Fluid collection in the brain
 - c. Disk impinging on the spinal cord
3. Protease is a/an
 - a. Antiviral enzyme
 - b. Enzyme that helps HIV infect new cells
 - c. Reverse transcriptase inhibitor
4. CD4+ T cell counts can be increased by
 - a. High levels of HIV in the blood
 - b. Protease inhibitors
 - c. Lymphocyte-inhibiting agents
5. A diagnosis of metastatic carcinoma means
 - a. The tumor has spread to a secondary location
 - b. Lymph nodes are not usually affected
 - c. The tumor is localized

6. Hodgkin disease
 - a. Commonly affects elderly people
 - b. Is a type of lymphoma affecting young adults
 - c. Is an infectious disease
7. Which condition may indicate an AIDS virus infection?
 - a. High blood sugar
 - b. Oral leukoplakia
 - c. Fungal infection of the mouth

SHORT CLINICAL CASES

Circle the correct answer for the diagnosis.

1. John was healthy until the age of 22 months, when he developed angioedema [swelling induced while eating a cookie containing peanut butter]. The symptoms disappeared in about an hour. A month later, while eating the same type of cookie, he started to vomit, became hoarse, had great difficulty in breathing, started to wheeze, and developed a swollen face. He was taken immediately to the ED of Children's Hospital, where he was given a subcutaneous injection of epinephrine [adrenaline]. Within minutes of the epinephrine injection, John's hoarseness decreased, the wheezing diminished, and his breathing was less labored. His parents were advised to avoid giving him foods containing peanuts in any form.

Diagnosis: **(multiple myeloma, acute systemic anaphylaxis, acquired immunodeficiency syndrome)**

2. Mark Scott is a 48-year-old band leader who has always been in good health. Six months ago he went to the ED at the local hospital complaining of fever and a swollen right hand from a cat scratch. He was admitted to the hospital for the hand infection. His blood lymphocyte count was very low, so a blood sample was sent to be tested for antibodies against HIV. Both ELISA and a Western blot revealed presence of anti-HIV antibodies. His CD4+ T-cell count was very low at 170 [normal is 500-1600]. Mr. Scott told his doctor that he had several homosexual encounters before his marriage. His physician prescribed trimethoprim-sulfamethoxazole for prophylaxis against *Pneumocystis* pneumonia, and Mark also was given HAART. After 5 weeks of therapy, his HIV viral load declined to undetectable levels and his CD4+ T cell count rose. He remains well and active and works full time.

Diagnosis: **(T cell lymphoma, severe combined immunodeficiency disease, acquired immunodeficiency syndrome)**

3. Mrs. Archer is a 55-year-old housewife who began to experience excessive fatigue. A blood sample revealed mild anemia and slightly lowered white blood cell count. Her sedimentation rate was elevated, and electrophoresis of serum proteins showed marked elevation of IgG. She returned for regular visits to her physician, and on each occasion serum IgG levels were gradually increasing. After she experienced sudden onset of upper back pain, a thoracic spine MRI study was performed and showed destruction of a portion of a vertebra. A bone marrow biopsy specimen showed a proliferation of plasma cells. She was given chemotherapy (vincristine, Adriamycin, and Decadron), but a year later she developed fever and chest pain. Chest x-ray revealed pneumonia, and antibiotics were given. Her outlook for survival is poor.

Diagnosis: **(Hodgkin disease, hemolytic anemia, multiple myeloma)**



IN PERSON

This is written by a medical oncologist who specializes in the treatment of lymphoma patients.

Of the many challenges of practicing medical oncology, the treatment of patients with lymphoma is among the most satisfying, and at times, most difficult. Lymphomas were the first common solid tumor to become curable with drugs alone. In 1969, investigators at the National Cancer Institute published their promising results with combination chemotherapy for Hodgkin disease. At that time, this was a tumor that was only treatable and curable with radiation therapy in a limited fraction of patients, when disease involved only a few lymph nodes. Very soon thereafter, chemotherapy proved curative for almost half of patients with a more aggressive disease (large B-cell lymphocytic lymphoma), a malignancy that affects 20,000 new subjects every year in the USA. In succeeding years, for patients not cured with conventional drugs, bone marrow transplant following ultra-high dose chemotherapy salvaged at least half of those patients who experienced a relapse of disease. New drugs, particularly monoclonal antibodies that attack proteins on the surface of tumors and initiate immune destruction of tumors, have added to that success. Thus, at present, by using chemotherapy, irradiation, and high-dose drug treatment, most lymphoma patients can be cured.

The experience of treating a lymphoma patient is not simple. It requires, first of all, making the correct diagnosis, which requires obtaining an adequate biopsy of the involved lymph nodes, bone marrow, or other disease sites. Secondly, the physician in charge of the case must establish the sites and extent of disease, and this requires sophisticated x-ray and even MR imaging of lungs, abdomen, bones, and even spinal canal. The choice of drug regimens and other treatment depend on making a correct assessment of these factors.

The doctor must explain all this to the patient so that he or she has a clear understanding of what lies ahead. This involves hospital outpatient visits for evaluation and treatment, including possible biopsy and repeat biopsy of sites of disease to establish whether the tumor has been effectively treated. I also spend considerable time with patients explaining the potential side effects of treatments, some of which can affect the lungs, heart, and immune system. In addition, patients need guidance following chemotherapy about susceptibility to serious infections when blood counts are low. Overall, the psychological stress and uncertainty of outcome plus the impact on work and family responsibilities make the need for support from friends and family crucial.

For most patients, all of these issues are successfully managed during treatment, and no experience is more gratifying for me, as an oncologist, than to achieve cure of a potentially lethal disease. All of this is accomplished at a price. For a few patients, the stresses of disease and its impact on family and work prove overwhelming. I call upon the intervention of social workers, nurses, and even psychiatrists to help my patients deal with the difficulty of disease and life-changing experiences. The added rigors of bone marrow transplantation increase the burden on patients who are not cured by conventional treatments. And, even more stressful and challenging are those patients, a minority to be sure, whose disease progresses despite all interventions, and who are destined not to survive. For these patients, experimental treatments at times are the best option, and again may reverse the downward course. Through it all, as a physician, I find that we must all work as a team to provide the best medical advice, psychological support, and hope for 60,000 new patients who develop lymphoma each year.



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EXERCISES

Remember to check your answers carefully with the Answers to Exercises, page 571.

A Match the following terms with the descriptions below.

adenoids
interstitial fluid
lymph capillaries

lymph node
right lymphatic duct
spleen

thoracic duct
thymus gland

1. collection of stationary lymphatic tissue along lymph vessels _____
2. large lymphatic vessel that drains lymph from the lower and left side of the body _____
3. organ in the left upper quadrant of the abdomen that destroys worn-out erythrocytes, activates lymphocytes, and stores blood _____
4. mass of lymphatic tissue in the nasopharynx _____
5. lymphoid organ in the mediastinum that conditions T cells to react to foreign cells in the immune response _____
6. tiniest lymphatic vessels _____
7. large lymphatic vessel in the chest that drains lymph from the upper right part of the body _____
8. fluid in the spaces between cells _____

B Give the locations of the following lymph nodes.

1. inguinal nodes _____
2. axillary nodes _____
3. cervical nodes _____
4. mediastinal nodes _____
5. paraaortic nodes _____
6. mesenteric nodes _____

C Circle the correct answer in each sentence.

1. Cytotoxic T cells are (**CD8+ T cells, helper T cells, suppressor T cells**) and directly kill foreign cells.
2. Lymphocytes that directly act on antigens are (**B cells, T cells, macrophages**).
3. CD4+ T cells are (**helper T cells, Tregs, B cells**) and are deficient in people with AIDS.
4. Lymphocytes that mature into plasma cells and secrete antibodies are (**B cells, T cells, macrophages**).
5. The type of immunity in which B cells produce antibodies after exposure to antigens is (**natural immunity, cytotoxic immunity, humoral immunity**).
6. The type of immunity that is the ability to recognize and remember specific antigens and mount an attack on them is (**adaptive immunity, natural immunity**).

D Match the following cell names with their meanings as given below.

complement system
dendritic cell

helper T cell
macrophage

plasma cell
suppressor T cell

1. lymphocyte that matures from a B lymphocyte and secretes antibodies _____
2. large phagocyte found in lymph nodes and other tissues of the body _____
3. CD4+ T cell that aids B cells in recognizing antigens _____
4. Treg that inhibits the activity of B and T lymphocytes _____
5. proteins in the blood that help antibodies and T cells kill their target _____
6. antigen-presenting cell; shows B cells and T cells what to attack _____

E Match the terms in Column I with their descriptions in Column II. Write your answers in the spaces provided.

COLUMN I

1. immunoglobulins _____
2. toxins _____
3. helper T cells _____
4. suppressor T cells _____
5. cytotoxic T cells _____
6. plasma cells _____
7. interferons and interleukins _____

COLUMN II

- A. Antibodies—IgA, IgE, IgG, IgM, IgD
- B. Lymphocytes that aids B cells; CD4+ T cell
- C. Poisons (antigens)
- D. T lymphocytes that inhibit the activity of B and T cells
- E. Cytokines secreted by cytotoxic T cells
- F. Transformed B cells that secrete antibodies
- G. T lymphocytes that directly kill foreign cells (CD8+ T cells)

F Use the given definitions to build medical terms.

1. removal of the spleen _____
2. enlargement of the spleen _____
3. formation of lymph _____
4. malignant tumor of the thymus gland _____
5. inflammation of lymph glands (nodes) _____
6. deficiency of lymph cells _____
7. pertaining to poison _____
8. disease of lymph glands (nodes) _____

G Match the following terms with their meanings below.

AIDS
allergen
anaphylaxis

Hodgkin disease
hypersplenism
lymphedema

lymphoid organs
thymectomy

1. syndrome marked by enlargement of the spleen and associated with anemia, leukopenia, and thrombocytopenia _____
2. extraordinary hypersensitivity to a foreign protein; marked by hypotension, shock, and respiratory distress _____
3. antigen capable of causing allergy (hypersensitivity) _____
4. disorder in which the immune system is suppressed by exposure to HIV _____
5. removal of a mediastinal organ _____
6. malignant tumor of lymphoid tissue in the lymph nodes and spleen; Reed-Sternberg cells are in lymph nodes _____
7. spleen, thymus, and tonsils _____
8. swelling of tissues due to interstitial fluid accumulation _____

H Match the following terms or abbreviations related to AIDS with their descriptions below.

CD4+ T cells
ELISA
HAART
HIV

Kaposi sarcoma
opportunistic infections
protease inhibitor

reverse transcriptase inhibitor
viral load test
wasting syndrome

1. malignant condition associated with AIDS (purplish skin nodules appear)

2. human immunodeficiency virus; the retrovirus that causes AIDS _____
3. white blood cells that are destroyed by the AIDS virus _____
4. group of infectious diseases associated with AIDS _____
5. measures the amount of HIV in blood _____
6. weight loss with decreased muscular strength, appetite, and mental activity

7. drug used to treat AIDS by blocking an enzyme needed to make copies of HIV

8. drug used to treat AIDS by blocking the production of an enzyme that creates new viral pieces for HIV _____
9. use of combinations of drugs to treat AIDS _____
10. test to detect anti-HIV antibodies _____

I Complete the following terms according to the definitions provided. Pay close attention to the proper spelling of each term.

1. chronic, disabling diseases caused by abnormal production of antibodies to normal tissue:
auto_____ diseases
2. a hypersensitivity or allergic state with an inherited predisposition: a_____
3. a malignant tumor of lymph nodes; follicular and large cell are types of this disease:
non_____
4. fluid that lies between cells throughout the body: inter_____ fluid
5. formation of lymphocytes or lymphoid tissue: lympho_____
6. chronic swelling of a part of the body due to collection of fluid between tissues secondary to obstruction of lymph vessels and nodes: lymph_____
7. an unusual or exaggerated allergic reaction to a foreign protein: ana_____
8. introduction of altered antigens to produce an immune response and protection from disease:
vac_____
9. test that separates immunoglobulins: immuno_____
10. antibody used in immunotherapy; produced in a laboratory to attack antigens and destroy cells:
mono_____ antibody

J Circle the correct term(s) to complete each sentence.

- Mr. Blake had been HIV-positive for 5 years before he developed (***Pneumocystis pneumonia***, ***thymoma***, ***multiple myeloma***) and was diagnosed with (***Hodgkin disease***, ***non-Hodgkin lymphoma***, ***AIDS***).
- Mary developed rhinitis, rhinorrhea, and red eyes every spring when pollen was prevalent. She consulted her doctor about her severe (***hypersplenism***, ***allergies***, ***lymphadenitis***).
- Paul felt some marble-sized lumps in his left groin. His doctor told him that he had an infection in his foot and had developed secondary (***axillary***, ***cervical***, ***inguinal***) lymphadenopathy.
- Mr. Jones was referred to a dermatologist and an oncologist when his primary physician noticed purple spots on his arms and legs. Because he had AIDS, his physician was concerned about the possibility of (***Kaposi sarcoma***, ***splnomegaly***, ***thrombocytopenic purpura***).
- Fifteen-year-old Peter was allergic to peanuts. His allergy was so severe that he carried epinephrine with him at all times to prevent (***adaptive immunity***, ***anaphylaxis***, ***immunosuppression***) in case he came in contact with peanut butter at school.
- When she was in her mid-20s, Rona was diagnosed with a lymph node malignancy known as (***sarcoidosis***, ***Kaposi sarcoma***, ***Hodgkin disease***). Because the disease was primarily in her chest, her (***inguinal***, ***mediastinal***, ***axillary***) lymph nodes were irradiated (radiation therapy), and she was cured. When she developed lung cancer in her mid-40s, her oncologist told her she had a/an (***iatrogenic***, ***hereditary***, ***metastatic***) radiation-induced secondary tumor.
- Mary has suffered from hay fever, asthma, and chronic dermatitis ever since she was a young child. She has been particularly bothered by the severely pruritic (itching), erythematous (reddish) patches on her hands. Her dermatologist gave her topical steroids for her (***toxic***, ***atopic***, ***opportunistic***) dermatitis and told her to avoid soaps, cosmetics, and irritating chemicals.
- Bernie noticed pain in his pelvis, spine, and ribs and was evaluated by his physician. Blood tests showed high levels of plasma cells and abnormal globulins. Increased numbers of plasma cells were revealed on (***chest x-ray***, ***stem cell transplantation***, ***bone marrow biopsy***). Radiologic studies showed bone loss. The physician's diagnosis was multiple (***sclerosis***, ***thymoma***, ***myeloma***).
- AIDS is caused by (***herpes simplex virus***, ***monoclonal antibodies***, ***human immunodeficiency virus***). Lymphocytes called (***CD4+ cells***, ***suppressor cells***, ***B cells***) are destroyed, leading to (***anaphylaxis***, ***atopy***, ***opportunistic infections***).
- Drugs used to treat AIDS are (***immunosuppressants***, ***protease inhibitors***, ***interferons***). Other anti-AIDS drugs are (***reverse transcriptase inhibitors***, ***monoclonal antibodies***, ***immunoglobulins***).

ANSWERS TO EXERCISES

A

- | | | |
|------------------|----------------------|-------------------------|
| 1. lymph node | 4. adenoids | 7. right lymphatic duct |
| 2. thoracic duct | 5. thymus gland | 8. interstitial fluid |
| 3. spleen | 6. lymph capillaries | |

B

- | | | |
|------------------------------|---|--|
| 1. groin region | 4. space between the lungs in the chest | 5. near the aorta in the lumbar area of the body |
| 2. armpit region | | 6. intestinal region |
| 3. neck (of the body) region | | |

C

- | | | |
|-----------------|-------------------|----------------------|
| 1. CD8+ T cells | 3. helper T cells | 5. humoral immunity |
| 2. T cells | 4. B cells | 6. adaptive immunity |

D

- | | | |
|----------------|----------------------|----------------------|
| 1. plasma cell | 3. helper T cell | 5. complement system |
| 2. macrophage | 4. suppressor T cell | 6. dendritic cell |

E

- | | | |
|------|------|------|
| 1. A | 4. D | 6. F |
| 2. C | 5. G | 7. E |
| 3. B | | |

F

- | | | |
|------------------|--------------------|--------------------|
| 1. splenectomy | 4. thymoma | 7. toxic |
| 2. splenomegaly | 5. lymphadenitis | 8. lymphadenopathy |
| 3. lymphopoiesis | 6. lymphocytopenia | |

G

- | | | |
|------------------|--------------------|--------------------|
| 1. hypersplenism | 4. AIDS | 7. lymphoid organs |
| 2. anaphylaxis | 5. thymectomy | 8. lymphedema |
| 3. allergen | 6. Hodgkin disease | |

H

- | | | |
|-----------------------------|------------------------------------|---|
| 1. Kaposi sarcoma | 5. viral load test | 9. HAART (highly active antiretroviral therapy) |
| 2. HIV | 6. wasting syndrome | 10. ELISA (enzyme-linked immunosorbent assay) |
| 3. CD4+ T cells | 7. reverse transcriptase inhibitor | |
| 4. opportunistic infections | 8. protease inhibitor | |

I

- | | | |
|-------------------------|------------------|--------------------------|
| 1. autoimmune | 5. lymphopoiesis | 8. vaccination |
| 2. atopy | 6. lymphedema | 9. immunoelectrophoresis |
| 3. non-Hodgkin lymphoma | 7. anaphylaxis | 10. monoclonal |
| 4. interstitial | | |

J

- | | | |
|--|---|---|
| 1. <i>Pneumocystis</i> pneumonia; AIDS | 6. Hodgkin disease; mediastinal; iatrogenic | 9. human immunodeficiency virus; CD4+ cells; opportunistic infections |
| 2. allergies | 7. atopic | 10. protease inhibitors; reverse transcriptase inhibitors |
| 3. inguinal | 8. bone marrow biopsy; myeloma | |
| 4. Kaposi sarcoma | | |
| 5. anaphylaxis | | |

Answers to Practical Applications**Medical Terminology Sentences**

- b
- a
- b
- b
- a
- b
- c

Short Clinical Cases

- acute systemic anaphylaxis—Allergic reactions occur when already sensitized individuals are reexposed to the same allergen. The first exposure generates allergen-specific antibodies and/or T cells, and reexposure to the same allergen can produce a severe allergic reaction or anaphylaxis.

- acquired immunodeficiency syndrome
- multiple myeloma



PRONUNCIATION OF TERMS

To test your understanding of the terminology in this chapter, write the meaning of each term in the space provided. In addition, you may wish to cover the terms and write them by looking at your definitions. Make sure your spelling is correct. The page number after each term indicates where it is defined or used in the book, so you can easily check your responses. You will find complete definitions for all of these terms and their audio pronunciations on the Evolve website.

Pronunciation Guide

ā as in āpe	ă as in ăpple
ē as in ēven	ě as in ěvery
ī as in īce	ĩ as in ĩnterest
ō as in ōpen	ő as in pőt
ū as in ūnit	ű as in ūnder

Vocabulary and Terminology

TERM	PRONUNCIATION	MEANING
adaptive immunity (553)	ă-DĀP-tiv ĩ-MŪ-nĩ-tē	
adenoids (553)	ĂD-ě-noydz	
anaphylaxis (557)	ăn-ă-fă-LĀK-sis	
antibody (553)	ĂN-tĩ-bő-dē	
antigen (553)	ĂN-tĩ-jěn	
asplenia (557)	ă-SPLĒN-ē-ă	
autoimmune disease (556)	aw-tő-ĩ-MŪN dĩ-ZĒZ	
axillary nodes (554)	ĂKS-ĩ-lăr-ē nōdz	
B cell (554)	B sěl	
cell-mediated immunity (554)	sěl mē-dē-Ă-těd ĩ-MŪN -ĩ-tē	
cervical nodes (554)	SĔR-vĩ-kl nōdz	
complement system (554)	CŌM-plě-měnt SiS-tēm	
cytokines (554)	SĪ-tő-kĩnz	
cytotoxic T cell (554)	sĩ-tő-TŌK-sĩk T sěl	
dendritic cell (554)	děn-DRĪ-tĩk sěl	
helper T cell (554)	HĔL-pěr T sěl	
humoral immunity (554)	HŪ-měr-ăl ĩm-MŪN-ĩ-tē	
hypersplenism (557)	hĩ-pěr-SPLĒN-izm	
immunity (554)	ĩm-MŪN-ĩ-tē	
immunoglobulins (554)	ĩm-ũ-nő-GLŌB-ũ-lĩnz	
immunosuppression (556)	ĩm-ũ-nő-sũ-PRĔ-shũn	
immunotherapy (554)	ĩ-mũ-nő-THĔR-ă-pē	

TERM	PRONUNCIATION	MEANING
inguinal node (554)	ĬNG-gwĭ-năl nōd	
interferons (554)	ĭn-tĕr-FĒR-ōnz	
interleukins (554)	ĭn-tĕr-LOO-kĭnz	
interstitial fluid (554)	ĭn-tĕr-STĬSH-ăl FLOO-ĭd	
lymph (554)	lĭmf	
lymphadenitis (557)	lĭm-făh-dĕ-NĬ-tis	
lymphadenopathy (557)	lĭm-făd-ĕ-NŎP-ăh-thĕ	
lymph capillaries (554)	lĭmf KĂP-i-lă-rĕz	
lymphedema (556)	lĭmf-ĕ-DĒ-mă	
lymph node (554)	lĭmf nōd	
lymphocytes (546)	LĬM-fō-sĭtz	
lymphocytosis (556)	lĭm-fō-sĭ-TŎ-sĭs	
lymphocytopenia (556)	lĭm-fō-sĭ-tō-PĒ-nĕ-ă	
lymphoid organs (554)	LĬM-foid ŎR-gănz	
lymphopoiesis (556)	lĭm-fō-poy-Ē-sĭs	
lymph vessel (554)	lĭmf VĒS-ĕl	
macrophage (554)	MĂK-rō-făj	
mediastinal nodes (554)	mĕ-dĕ-ăs-TĬ-năl nōdz	
mesenteric nodes (555)	mĕs-ĕn-TĒR-ĭk nōdz	
monoclonal antibody (555)	mōn-ō-KLŎ-năl ĂN-tĭ-bōd-ĕ	
natural immunity (555)	NĂ-tū-răl ĭm-MŪ-nĭ-tĕ	
paraaortic nodes (555)	pă-ră-ă-ŎR-tĭk nōdz	
plasma cell (555)	PLĂZ-mă sĕl	
right lymphatic duct (555)	rĭt lĭm-FĂ-tĭk dŭkt	
spleen (555)	splĕn	
splenectomy (557)	splĕ-NĚK-tō-mĕ	
splenomegaly (557)	splĕ-nō-MĚG-ă-lĕ	
suppressor T cell (555)	sŭ-PRĒ-sŏr T sĕl	
T cell (555)	T sĕl	
thoracic duct (555)	thō-RĂ-sĭk dŭkt	
thymectomy (557)	thĭ-MĚK-tō-mĕ	
thymus gland (555)	THĬ-mŭs glănd	
tolerance (555)	TŎL-ĕr-ăntz	
tonsils (555)	TŎN-sĭlz	

TERM	PRONUNCIATION	MEANING
toxic (557)	TÖK-sĭk	_____
toxin (555)	TÖK-sĭn	_____
vaccination (555)	văk-sĭ-NĀ-shŭn	_____
vaccine (555)	văk-SĒN	_____

Pathology and Laboratory Tests

TERM	PRONUNCIATION	MEANING
acquired immunodeficiency syndrome (557)	ă-KWĪRD ĩm-ŭ-nō-dě-FĪSH- ĕn-sē SĪN-drŏm	_____
allergen (562)	ĂL-ĕr-jĕn	_____
allergy (560)	ĂL-ĕr-jĕ	_____
atopy (562)	ĂT-ŏ-pĕ	_____
CD4+ cell (562)	CD4 PÖS-ĭ-tĭv sĕl	_____
ELISA (562)	ĕ-LĪ-ză	_____
Hodgkin disease (562)	HÖJ-kĭn dĩ-ZĒZ	_____
human immunodeficiency virus (562)	HŪ-măn ĩm-ŭ-nō-dě-FĪSH- ĕn-sē VĪ-rŭs	_____
immunoelectrophoresis (563)	ĭm-ŭ-nō-ĕ-lĕk-trŏ-phŏr-Ē-sĭs	_____
Kaposi sarcoma (562)	KĂ-pŏ-sē (or kă-PÖS-sē) săr-KŌ-mă	_____
lymphoma (560)	lĭm-FŌ-mă	_____
multiple myeloma (561)	MŬLT-ĭ-pl mĭ-ĕ-LŌ-mă	_____
non-Hodgkin lymphoma (562)	nŏn-HÖJ-kĭn lĭm-FŌ-ma	_____
opportunistic infections (562)	ŏp-pŏr-tŭ-NĪS-tĭk ĭn-FĒK-shŭnz	_____
protease inhibitors (562)	PRŌ-tē-ăs ĭn-HĪB-ĭ-tŏrz	_____
reverse transcriptase inhibitors (562)	rē-VĒRS trăns-SCRĪPT-ăz ĭn-HĪB-ĭ-tŏrz	_____
severe combined immunodeficiency disease (557)	sĕ-VĒR kŏm-BĪND ĭm-ŭ-nō-dě-FĪSH-ĕn-sē dĩ-ZĒZ	_____
thymoma (561)	thĭ-MŌ-mă	_____
viral load test (563)	vĭ-răl lŏd tĕst	_____
wasting syndrome (562)	WĀST-ĭng SĪN-drŏm	_____
Western blot (562)	WĒS-tĕrn blŏt	_____



REVIEW SHEET

Write the meaning of the word parts in the spaces provided. Check your answers with the information in the chapter or in the Glossary (Medical Word Parts—English) at the end of the book.

Combining Forms

COMBINING FORM	MEANING	COMBINING FORM	MEANING
axill/o	_____	lymphaden/o	_____
cervic/o	_____	splen/o	_____
immun/o	_____	thym/o	_____
inguin/o	_____	tox/o	_____
lymph/o	_____		

Suffixes

SUFFIX	MEANING	SUFFIX	MEANING
-cytosis	_____	-pathy	_____
-edema	_____	-penia	_____
-globulin	_____	-phylaxis	_____
-megaly	_____	-poiesis	_____
-oid	_____	-stitial	_____
-oma	_____	-suppression	_____

Prefixes

PREFIX	MEANING	PREFIX	MEANING
ana-	_____	inter-	_____
auto-	_____	retro-	_____
hyper-	_____		

CHAPTER 15

Musculoskeletal System

This chapter is divided into the following sections:

Introduction, 578

Bones, 578

Vocabulary, 592

Terminology, 594

Pathology, 598

Joints, 602

Vocabulary, 603

Terminology, 604

Pathology, 606

Muscles, 611

Vocabulary, 614

Terminology, 615

Pathology, 617

Laboratory Tests and Clinical Procedures, 617

Abbreviations, 621

In Person: Neurological Lyme Disease, 622

Practical Applications, 623

In Person: Total Knee Replacement, 626

Exercises, 627

Answers to Exercises, 638

Pronunciation of Terms, 641

Review Sheet, 649

CHAPTER GOALS

- Define terms relating to the structure and function of bones, joints, and muscles.
- Describe the process of bone formation and growth.
- Locate and name the major bones of the body.
- Analyze the combining forms, prefixes, and suffixes used to describe bones, joints, and muscles.
- Explain various musculoskeletal disease conditions and terms related to bone fractures.
- Describe important laboratory tests and clinical procedures relating to the musculoskeletal system, and recognize relevant abbreviations.
- Apply your new knowledge to understanding medical terms in their proper contexts, such as medical reports and records.

INTRODUCTION

The musculoskeletal system includes the bones, muscles, and joints. All have important functions in the body.

Bones provide the framework on which the body is constructed and protect and support internal organs. Bones also assist the body in movement, because they serve as a point of attachment for muscles. The inner core of bones is composed of hematopoietic tissue (red bone marrow, which manufactures blood cells), whereas other parts of bone are storage areas for minerals necessary for growth, such as calcium and phosphorus.

Joints are the places at which bones come together. Several different types of joints are found within the body. The type of joint found in any specific location is determined by the need for greater or lesser flexibility of movement.

Muscles, whether attached to bones or to internal organs and blood vessels, are responsible for movement. Internal movement involves the contraction and relaxation of muscles found in viscera, and external movement is accomplished by the contraction and relaxation of muscles that are attached to the bones. **Tendons** are connective tissue that bind muscles to bones, while **ligaments** bind bones to other bones.

Orthopedists are physicians who treat (surgically and medically) bone, joint, and muscle conditions. Originally, orthopedics was a branch of medicine correcting deformities in children (**orth/o** means straight, **ped/o** means child). **Rheumatologists** are physicians (nonsurgical) who specialize primarily in joint problems, such as arthritis; in this context, **rheumat/o**, meaning watery flow, refers to joint fluid. **Physiatrists** are medical doctors whose focus is on rehabilitation after injury or illness to muscles, bones, and nerves.

Both a **medical doctor (MD)** and an **osteopathic physician (DO)** can specialize in orthopedics or rheumatology. MD and DO medical education programs are similar, and both kinds of physicians perform surgery as well as prescribe medication. An osteopath has added training in the musculoskeletal system, with an emphasis on body mechanics to promote good health. A **chiropractor (chir/o** means hand) is not a physician but has extensive and specialized training in using physical means to manipulate the spinal column, joints, and soft tissues. Chiropractic medicine considers that disease is related to pressure on nerves by spinal misalignment.

A **physical therapist** is a master's or doctoral degree-prepared health care professional who develops a treatment plan based on a physician's diagnosis. The goals of physical therapy (PT) are to restore function, improve mobility, and relieve pain.

BONES

FORMATION AND STRUCTURE

Formation

Bones are complete organs composed chiefly of connective tissue called **osseous** (bony) **tissue**, plus a rich supply of blood vessels and nerves. Osseous tissue consists of a combination of **osteocytes** (bone cells), dense connective tissue strands known as **collagen**, and intercellular **calcium salts**.

During fetal development, the bones of the fetus are composed of **cartilaginous tissue**, which resembles osseous tissue but is more flexible and less dense because of a lack of calcium salts in its intercellular spaces. As the embryo develops, the process of depositing calcium salts in the soft, cartilaginous tissue occurs and continues throughout the life of the individual after birth. The gradual replacement of cartilage and its intercellular substance by immature bone cells and calcium deposits is **ossification** (bone formation).

Osteoblasts are the immature osteocytes that produce the bony tissue that replaces cartilage during ossification. **Osteoclasts** (**-clast** is from the Greek word meaning to break) are large cells that function to reabsorb, or digest, bony tissue. Osteoclasts (also called **bone phagocytes**) digest bone tissue from the inner sides of bones thus enlarging the inner bone cavity so that the bone does not become overly thick and heavy. When a bone breaks, osteoblasts lay down the mineral bone matter (calcium salts) and osteoclasts remove excess bone debris (smooth out the bone).

Osteoblasts and osteoclasts work together in all bones throughout life, tearing down (osteoclasts) and rebuilding (osteoblasts) bony tissue. This allows bone to respond to mechanical stresses placed on it and thus enables it to be a living tissue, constantly rebuilding and renewing itself.

The formation of bone depends largely on a proper supply of **calcium** and **phosphorus** to the bone tissue. These minerals must be taken into the body along with a sufficient amount of vitamin D. Vitamin D helps calcium to pass through the lining of the small intestine and into the bloodstream. Once calcium and phosphorus are in the bones, osteoblastic activity produces an enzyme that forms calcium phosphate, a substance that gives bone its characteristic hard quality. It is the major calcium salt.

Not only are calcium and phosphorus part of the hard structure of bone tissue, but calcium also is stored elsewhere in bones, and small quantities are present in the blood. If the proper amount of calcium is lacking in the blood, nerve fibers are unable to transmit impulses effectively to muscles, the heart muscle becomes weak, and muscles attached to bones undergo spasms.

The necessary level of calcium in the blood is maintained by the parathyroid gland, which secretes a hormone that signals the release of calcium from bone storage. An excess of the hormone (caused by tumor or another pathologic process) will raise blood calcium at the expense of the bones, which become weakened by the loss of calcium.

Structure

There are 206 bones of various types in the body. **Long bones** are found in the thigh, lower leg, and upper and lower arm. These bones are very strong, are broad at the ends where they join with other bones, and have large surface areas for muscle attachment.

Short bones are found in the wrist and ankle and are small with irregular shapes. **Flat bones** are found covering soft body parts. These bones are the skull, shoulder blades, ribs, and pelvic bones. **Sesamoid bones** are small, rounded bones (resembling a sesame seed in shape). They are found near joints, and they increase the efficiency of muscles near a particular joint. The kneecap is the largest example of a sesamoid bone.

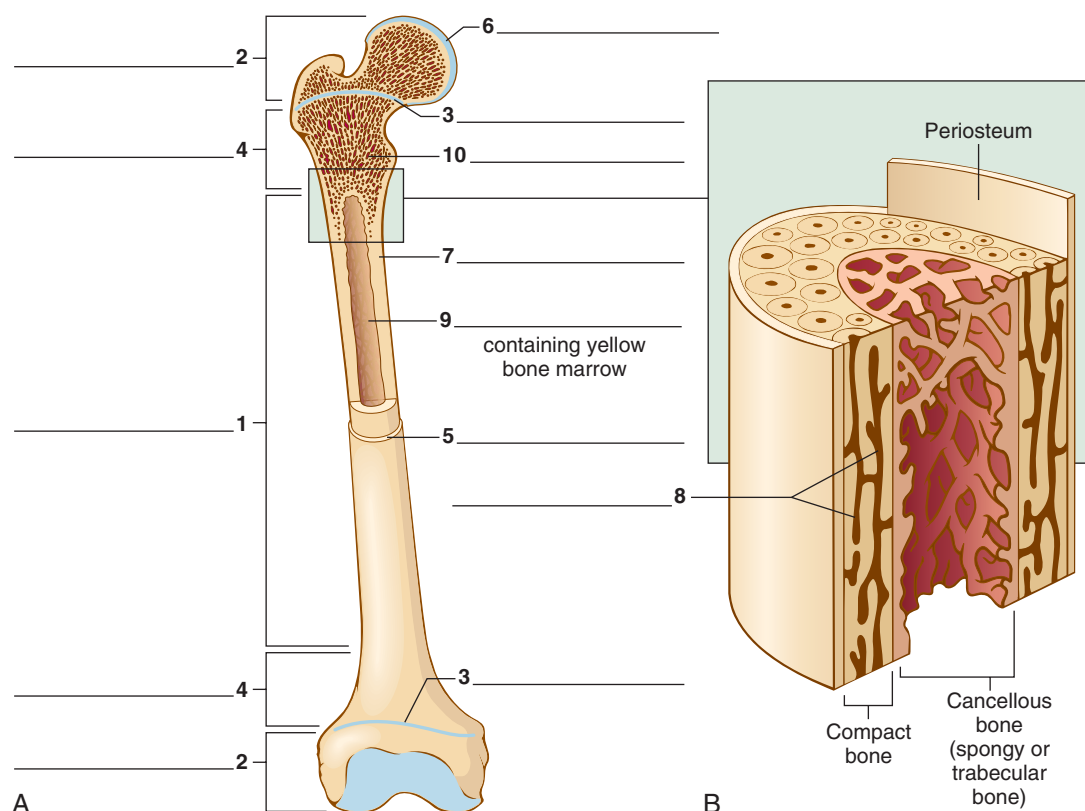


FIGURE 15-1 A, Divisions of a long bone and interior bone structure. B, Composition of compact (cortical) bone.

Figure 15-1A shows the anatomic divisions of a long bone such as the thigh bone or upper arm bone. Label the figure as you read the following.

The shaft, or middle region, of a long bone is called the **diaphysis** [1]. Each end of a long bone is called an **epiphysis** [2]. The **epiphyseal line** or **plate** [3] represents an area of cartilage tissue that is constantly being replaced by new bone tissue as the bone grows; it also is commonly known as the growth plate. Cartilage cells at the edges of the epiphyseal plate form new bone, which is responsible for lengthening bones during childhood and adolescence. The plate calcifies and disappears when the bone has achieved its full growth. The **metaphysis** [4] is the flared portion of the bone; it lies between the epiphysis and the diaphysis. It is adjacent to the epiphyseal plate.

The **periosteum** [5] is a strong, fibrous, vascular membrane that covers the surface of long bones, except at the ends of the epiphyses. It has an extensive nerve supply as well. Bones other than long bones are also covered by the periosteum.

The ends of long bones and the surface of any bone that meets another bone to form a joint are covered with **articular cartilage** [6]. When two bones come together to form a joint, the bones themselves do not touch precisely. The articular cartilage that caps the end of one bone comes into contact with that of the other bone. Articular cartilage is a very smooth, strong, and slick tissue. It cushions the joint and allows it to move smoothly and efficiently. Unlike the cartilage of the epiphyseal plate, which disappears when a bone achieves its full growth, articular cartilage is present throughout life.

Compact (cortical) bone [7] is a layer of hard, dense bone that lies under the periosteum in all bones and is located chiefly around the diaphysis of long bones. Within the compact bone is a system of small canals containing blood vessels that bring oxygen and nutrients to the bone and remove waste products such as carbon dioxide. Figure 15-1B shows these channels, called **haversian canals** [8], in the compact bone. Compact bone is tunneled out in the central shaft of the long bones by a **medullary cavity** [9] that contains **yellow bone marrow**. Yellow marrow is composed chiefly of fat cells.

Cancellous bone [10], sometimes called **spongy** or **trabecular bone**, is much more porous and less dense than compact bone. The mineral matter in it is laid down in a series of separated bony fibers that make up a spongy latticework. These interwoven fibers, called **trabeculae**, are found largely in the epiphyses and metaphyses of long bones and in the middle portion of most other bones of the body as well. Spaces in cancellous bone contain **red bone marrow**. The red marrow consists of immature and mature blood cells in various stages of development. **Hematopoiesis** is formation of all types of blood cells in the bone marrow.

In an adult, the ribs, pelvic bone, sternum (breastbone), and vertebrae, as well as the epiphyses of long bones, contain red bone marrow within cancellous tissue. Red marrow in the medullary cavity of long bones is plentiful in young children but decreases through the years and is replaced by yellow marrow.

PROCESSES AND DEPRESSIONS IN BONES

Bone processes are enlarged areas that extend out from bones to serve as attachments for muscles, tendons, and ligaments. Bone depressions are openings or hollow regions serving as connections between bones, or passageways for blood vessels and nerves. Table 15-1 lists various processes and depressions for your reference.

TABLE 15-1 PROCESSES AND DEPRESSIONS IN BONES		
Process (Refer to Figure 15-2)	Description	
1. Bone head	Rounded end of a bone	
2. Condyle	Rounded knuckle-like process	
3. Epicondyle	Small rounded process above the condyle	
4. Trochanters	Large and small processes for tendon attachments	
5. Tuberosity (tubercle)	Small round elevation where tendons and muscles attach	
Depression	Description	Example
Fissure	Narrow groove or slit-like opening	Orbital (eye socket) fissure (Figure 15-5)
Foramen	Opening for blood vessels and nerves	Foramen magnum of the skull (Figure 15-4)
Fossa	Shallow cavity in or on a bone	Olecranon (elbow) fossa on humerus (Figure 15-2)
Sinus	Hollow cavity within bone	Sinuses of the skull (Figure 15-6)

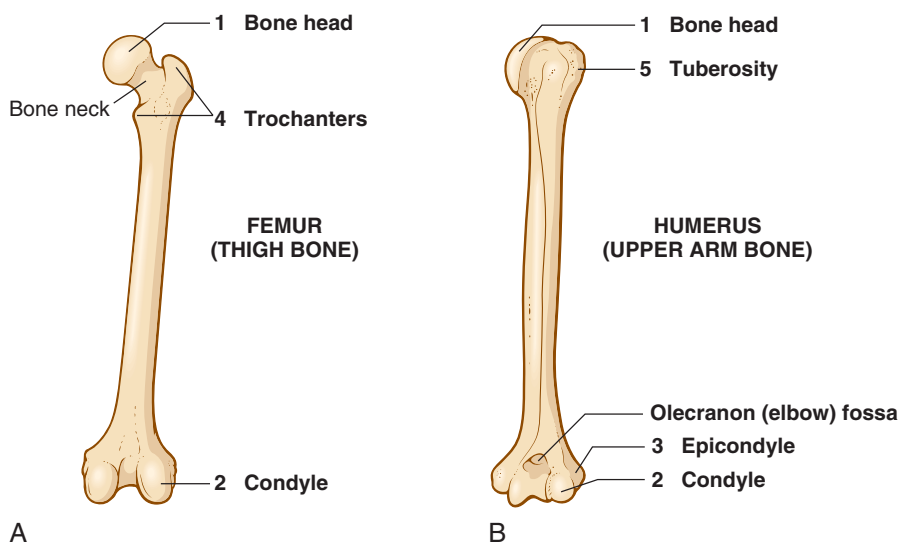


FIGURE 15-2 Bone processes on the femur (thigh bone) (A) and humerus (upper arm bone) (B). The **bone neck** separates the bone head from the rest of the bone. A **fossa** is a shallow depression or cavity in a bone. The fossa on the humerus is a space for the olecranon process on the lower arm bone (ulna) when the elbow is extended.

CRANIAL BONES

The bones of the skull, or cranium, protect the brain and structures related to it, such as the sense organs. Muscles for controlling head movements and chewing motions are connected to the cranial bones. The cranial bones join each other at joints called **sutures**.

The cranial bones of a newborn child are not completely joined. There are gaps of unossified tissue in the skull at birth. These are called soft spots, or **fontanelles** ("little fountains"). The pulse of blood vessels can be felt (palpated) under the skin in those areas.

Figure 15-3 illustrates the bones of the cranium. Label them as you read the following descriptions:

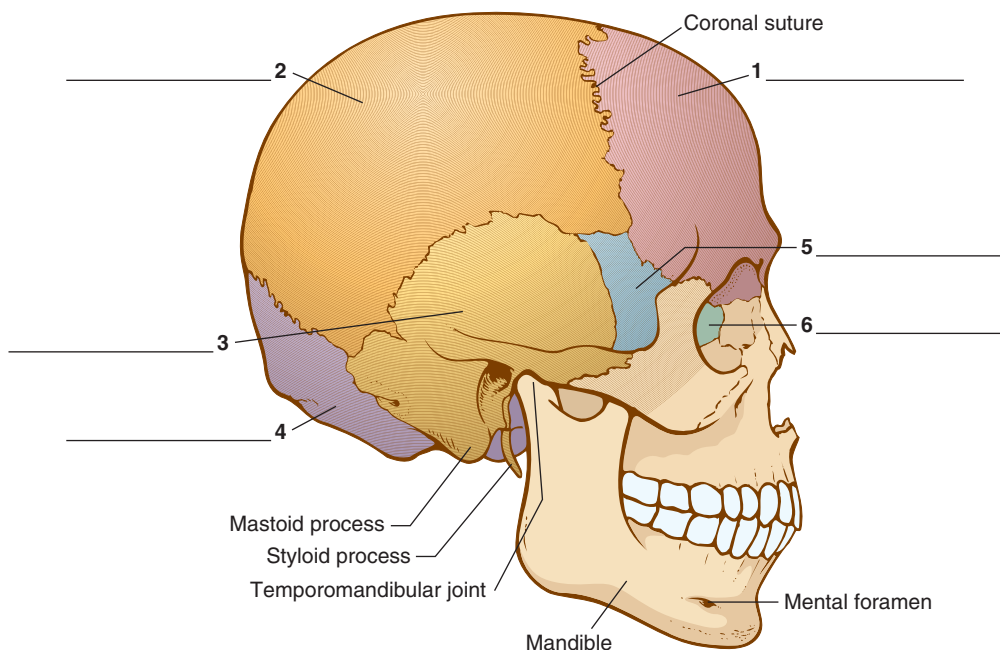


FIGURE 15-3 Cranial bones, lateral view. The **mental** (ment/o = chin) **foramen** is the opening in the mandible that allows blood vessels and nerves to enter and leave. The **coronal suture** is the connection across the skull between the two parietal bones and the frontal bone.

Frontal bone [1]—forms the forehead and the roof of the bony sockets that contain the eyes.

Parietal bone [2]—the two bones (one on each side of the skull) that form the roof and upper part of the sides of the cranium.

Temporal bone [3]—the two bones that form the lower sides and base of the cranium. Each bone encloses an ear and contains a fossa for joining with the mandible (lower jawbone). The **temporomandibular joint (TMJ)** is the area of connection between the temporal and mandibular bones. The **mastoid process** is a round (**mast/o** means breast) process of the temporal bone behind the ear. The **styloid process** (**styl/o** means pole or stake) projects downward from the temporal bone.

Occipital bone [4]—forms the back and base of the skull and joins the parietal and temporal bones, forming a suture. The inferior portion of the occipital bone has an opening called the **foramen magnum** through which the spinal cord passes (see Figure 15-4).

Sphenoid bone [5]—the bat-shaped bone that extends behind the eyes and forms part of the base of the skull. Because it joins with the frontal, occipital, and ethmoid bones, it serves as an anchor to hold those skull bones together (**sphen/o** means wedge). The **sella turcica** (meaning Turkish saddle) is a depression in the sphenoid bone in which the pituitary gland is located (see Figure 15-4).

Ethmoid bone [6]—the thin, delicate bone that supports the nasal cavity and forms part of the sockets of the eyes. It is composed primarily of spongy, cancellous bone, which contains numerous small holes (**ethm/o** means sieve).

Study Figure 15-4, which shows these cranial bones as viewed from above downward, toward the floor of the cranial cavity.

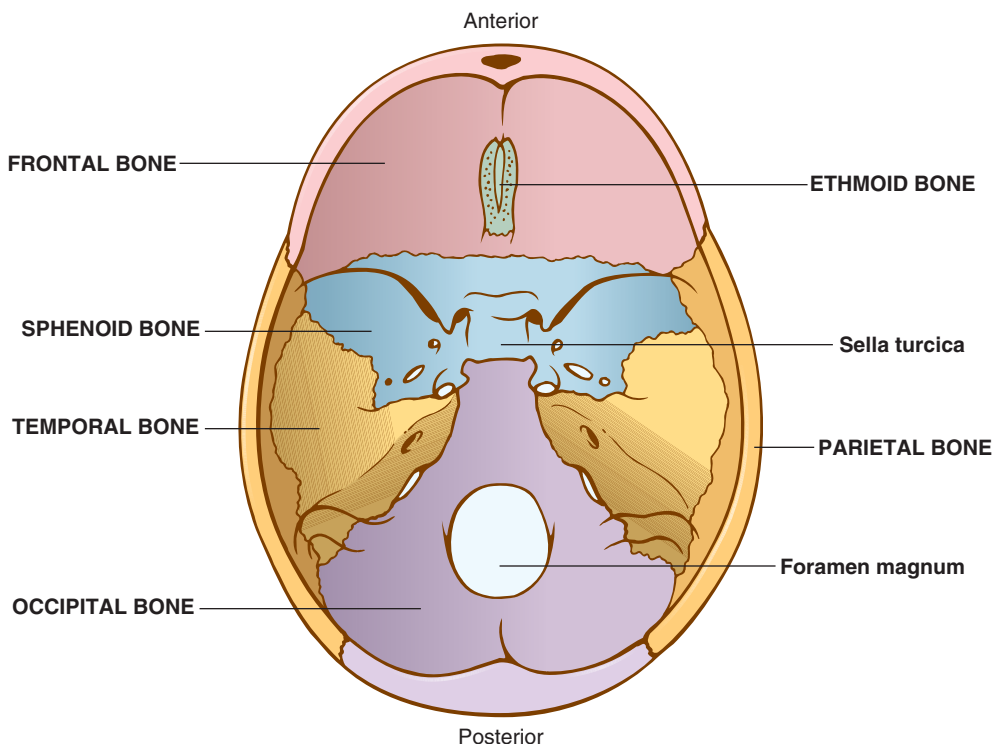


FIGURE 15-4 Cranial bones, viewed from above downward, to the floor of the cranial cavity.

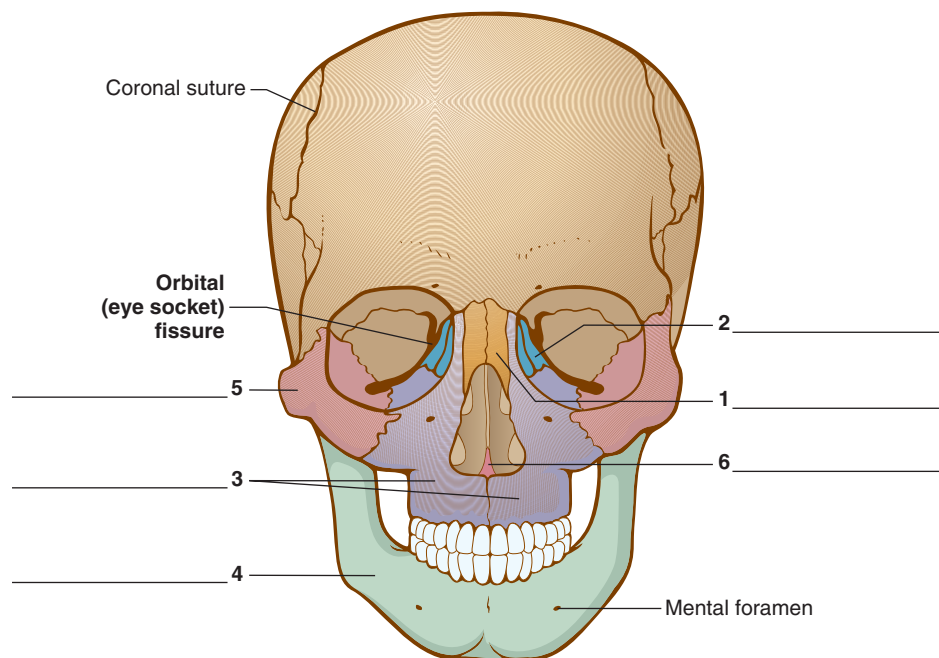


FIGURE 15-5 Facial bones.

FACIAL BONES

All of the facial bones except one are joined together by sutures, so they are immovable. The mandible (lower jawbone) is the only facial bone capable of movement. This ability is necessary for activities such as mastication (chewing) and speaking.

Figure 15-5 shows the facial bones; label it as you read the following descriptions of the facial bones:

Nasal bones [1]—the two slender bones that support the bridge of the nose (**nas/o** means nose). They join with the frontal bone superiorly and form part of the nasal septum.

Lacrimal bones [2]—the two small, thin bones located at the corner of each eye. The lacrimal (**lacrim/o** means tear) bones contain fossae for the lacrimal gland (tear gland) and canals for the passage of the lacrimal duct.

Maxillary bones [3]—the two large bones that compose the massive upper jawbones (**maxillae**). They are joined by a suture in the median plane. If the two bones do not come together normally before birth, the condition known as **cleft palate** results.

Mandibular bone [4]—the lower jawbone (**mandible**). Both the maxilla and the mandible contain the sockets called **alveoli** in which the teeth are embedded. The mandible joins the skull at the region of the temporal bone, forming the temporomandibular joint (TMJ) on either side of the skull.

Zygomatic bones [5]—the two bones, one on each side of the face, that form the high portion of the cheek.

Vomer [6]—the thin, single, flat bone that forms the lower portion of the nasal septum.

Sinuses, or air cavities, are located in specific places within the cranial and facial bones to lighten the skull and warm and moisten air as it passes through. Figure 15-6 shows the sinuses of the skull.

Table 15-2 reviews the cranial and facial bones with the location of each bone.

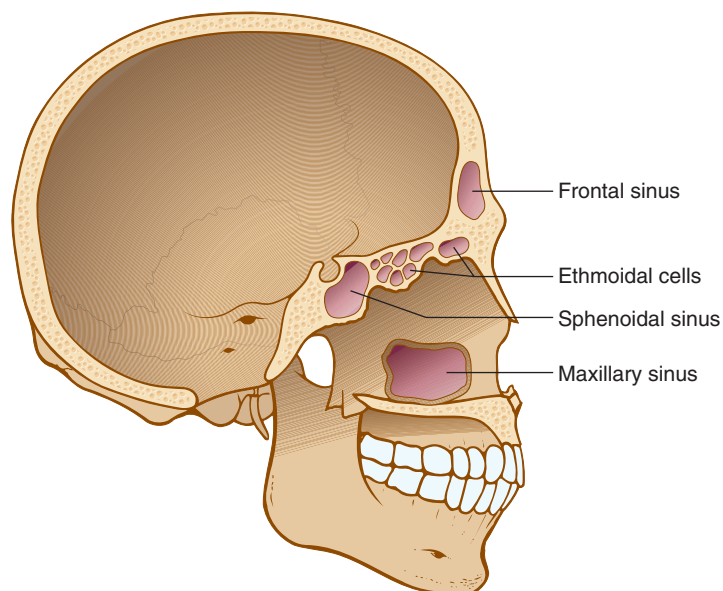


FIGURE 15-6 Sinuses of the skull.

TABLE 15-2 CRANIAL AND FACIAL BONES	
CRANIAL BONES	LOCATION
Ethmoid bone	Supports nasal cavity and eye sockets
Frontal bone	Forehead; part of eye sockets
Occipital bone	Back and base of skull
Parietal bones	Top and sides of skull
Sphenoid bone	Base of skull and behind eyes (bat-shaped bone)
Temporal bones	Lower sides and back of skull
FACIAL BONES	LOCATION
Lacrimal bones	Corners of each eye
Mandible	Lower jawbone
Maxillae	Upper jawbones
Nasal bones	Bridge and septum of nose
Vomer	Nasal septum (thin, flat bone)
Zygomatic bones	Cheek bones

VERTEBRAL COLUMN AND STRUCTURE OF VERTEBRAE

The **vertebral (spinal) column** is composed of 26 bone segments, called vertebrae, that are arranged in five divisions from the base of the skull to the tailbone. The bones are separated by pads of cartilage called **intervertebral disks** (discs).

Figure 15-7A illustrates the general structure of a vertebra. Although the individual vertebrae in the separate regions of the spinal column are all slightly different in structure, they do have several parts in common.

A vertebra is composed of an inner, thick, round anterior portion called the **vertebral body** [1]. Between the body of one vertebra and the body of the vertebra lying beneath or above is an **intervertebral disk (disc)**. This is a pad of cartilage that provides flexibility and absorbs shocks to the vertebral column (see Figure 15-7B). A spinal disk herniation occurs when a tear in a disk causes a portion of the disk to bulge out into the neural canal.

The posterior portion of a vertebra (vertebral arch) consists of a single **spinous process** [2], a **transverse process** [3] on each side of the spinous process, and a bar-like **lamina** [4] between each transverse process and the spinous process. The **neural canal** [5] is the space between the vertebral body and the vertebral arch through which the spinal cord passes. Figure 15-7B shows a lateral view of several vertebrae. Note the location of the spinal cord running through the neural canal.

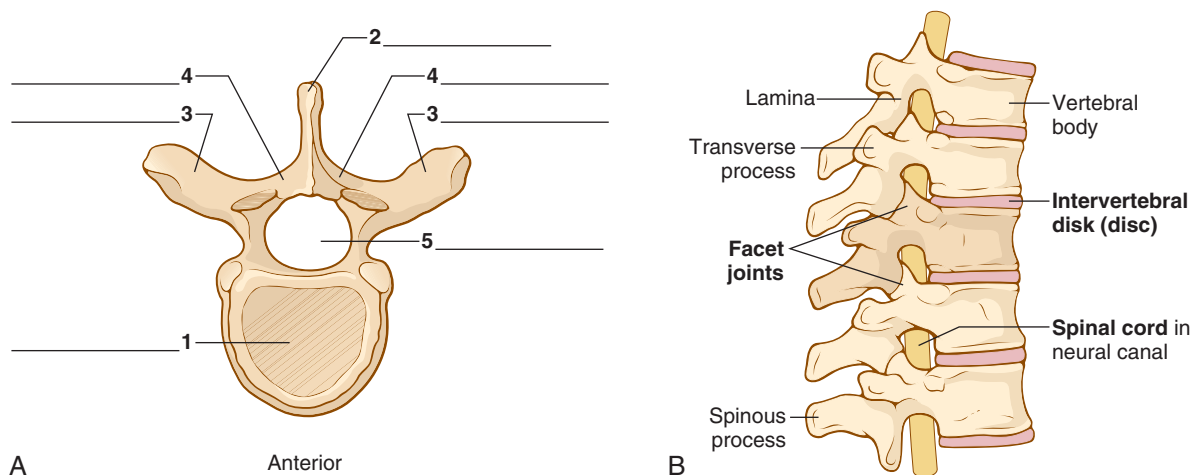


FIGURE 15-7 A, General structure of a vertebra, viewed from above. B, Series of vertebrae, lateral view, to show the position of the spinal cord behind the vertebral bodies and intervertebral disks. **Facet** (fă-SET) **joints** connect the vertebrae to each other. They are important in guiding and limiting the movement of the spinal column. When facet joints become inflamed and arthritic, they lead to narrowing of the neural canal and **spinal stenosis**.

Figure 15-8 illustrates the divisions of the vertebral column: cervical, thoracic, lumbar, sacrum, and coccyx.

The first seven bones of the vertebral column, forming the bony aspect of the neck, are the **cervical (C1 to C7) vertebrae**. These vertebrae do not articulate (join) with the ribs.

The second set of 12 vertebrae is known as the **thoracic (T1 to T12) vertebrae**. These vertebrae articulate with the 12 pairs of ribs.

The third set of five vertebral bones is the **lumbar (L1 to L5) vertebrae**. They are the strongest and largest of the backbones. Like the cervical vertebrae, these bones do not articulate with the ribs.

The **sacral vertebrae (sacrum)** are five separate bones that fuse in a young child. In an adult, the sacrum is a slightly curved, triangularly shaped bone.

The **coccyx** is the tailbone, and it, too, is a fused bone, having been formed from four small coccygeal bones.

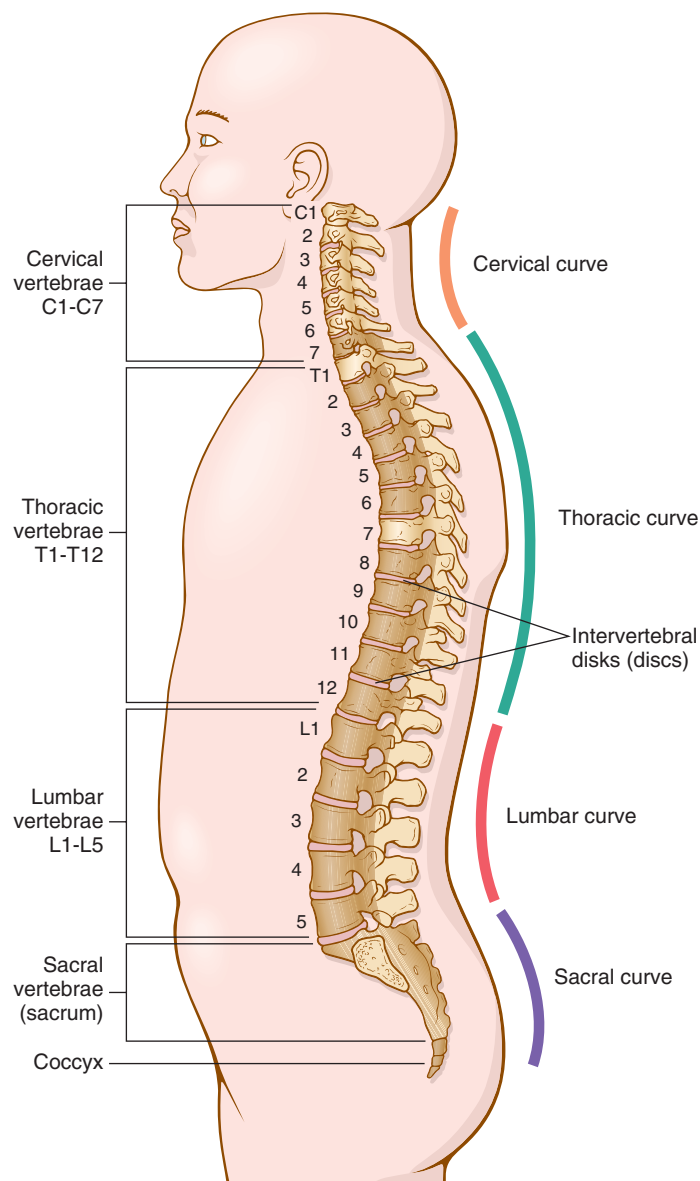


FIGURE 15-8 Vertebral column. Notice the four curves of the vertebral column. The sacral and thoracic curvatures are present at birth. The cervical curvature develops when the infant holds the head erect. The lumbar curvature develops as the infant begins to stand and walk.

BONES OF THE THORAX, PELVIS, AND EXTREMITIES

Label Figure 15-9 as you read the following descriptions of the bones of the thorax (chest cavity), pelvis (hip bone), and extremities (arms, hands, legs, and feet):

Bones of the Thorax

Clavicle [1]—collar bone; a slender bone, positioned ventrally, one on each side, connecting the breastbone (sternum) to each shoulder blade (scapula).

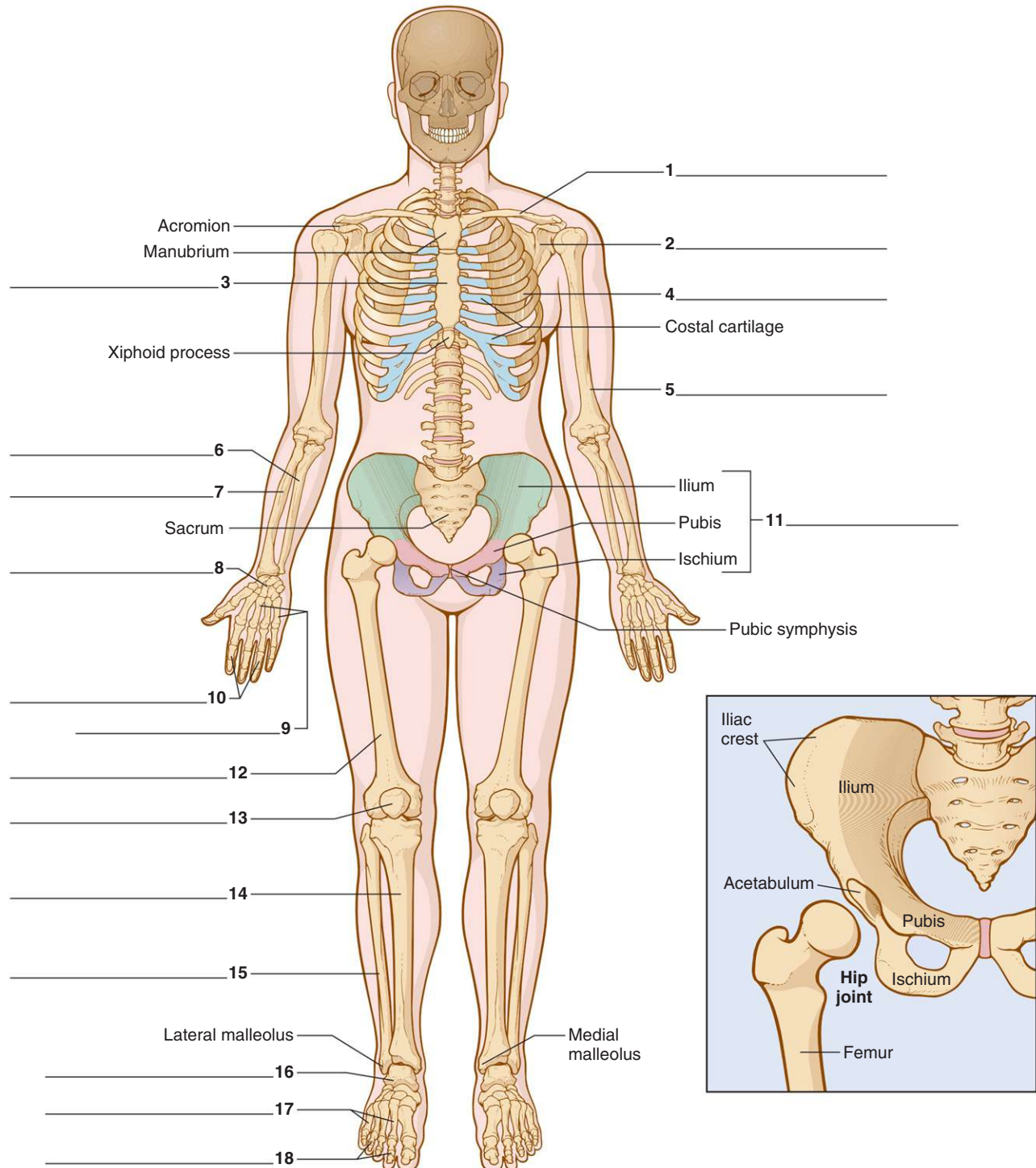


FIGURE 15-9 Bones of the thorax, pelvis, and extremities.

Scapula [2] (*plural: scapulae*)—shoulder blade; one of two flat, triangular bones on each dorsal side of the thorax. The extension of the scapula that joins with the clavicle to form a joint above the shoulder is called the **acromion** (*acr/o* means extremity, *om/o* means shoulder). The joint formed by these two bones is known as the acromioclavicular (AC) joint. Figure 15-10A shows a posterior view of the scapula.

Sternum [3]—breastbone; a flat bone extending ventrally down the midline of the chest. The upper part of the sternum articulates on the sides with the clavicle and ribs, and the lower, narrower portion is attached to the ribs, diaphragm, and abdominal muscles. The lowest portion of the sternum is the **xiphoid process** (*xiph/o* means sword). The uppermost portion is the **manubrium** (from a Latin term meaning handle).

Ribs [4]—There are 12 pairs of ribs. The first 7 pairs join the sternum anteriorly through cartilaginous attachments called **costal cartilages**. Ribs 1 to 7 are called **true ribs**. They join with the sternum anteriorly and with the vertebral column posteriorly. Ribs 8 to 10 are called **false ribs**. They join with the vertebral column posteriorly but join the 7th rib anteriorly instead of attaching to the sternum. Ribs 11 and 12 are the **floating ribs** because they are completely free at their anterior ends. Figure 15-10A shows a posterior view of the rib cage.

Bones of the Arm and Hand

These are described with the subject in the anatomic position—standing, with the arms held at the sides and the palms forward.

Humerus [5]—upper arm bone; the large head of the humerus is rounded and joins with the glenoid fossa of the scapula to form the shoulder or glenoid humeral joint (see Figure 15-10A). A cuff of cartilage, called a **labrum**, allows the humerus to move in the glenoid fossa (see Figure 15-10B).

Ulna [6]—medial lower arm (forearm) bone; the proximal bony process of the ulna at the elbow is called the **olecranon** (elbow bone). The olecranon is the bony point of the elbow when the elbow is bent.

Radius [7]—lateral lower arm (forearm) bone (in line with the thumb).

Carpals [8]—wrist bones; there are two rows of four bones in the wrist.

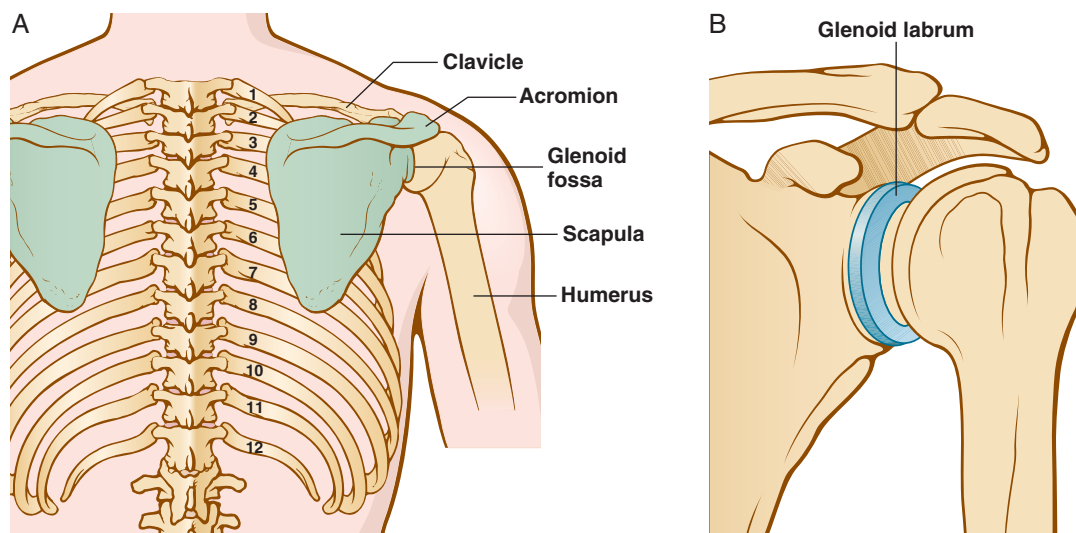


FIGURE 15-10 A, Scapulae and rib cage, posterior view. The **glenoid fossa** is the depression in the scapula into which the humerus fits. B, The **labrum** is a cuff of cartilage in the glenoid fossa that forms a cap for the end of the humerus to move in. A **labrum tear** can occur with a shoulder injury.

Metacarpals [9]—the five bones of the palm of the hand.

Phalanges [10] (*singular: phalanx*)—finger bones. Each finger (except the thumb) has three phalanges: a proximal, a middle, and a distal phalanx. The thumb has only two phalanges: a proximal and a distal phalanx.

Bones of the Pelvis

Pelvic girdle [11]—pelvis. This collection of bones supports the trunk of the body and articulates with the femur to form the hip joint. The adult pelvis is composed of three pairs of fused bones: the ilium, ischium, and pubis.

Ilium—uppermost and largest portion of the pelvis. Dorsally, the two parts of the ilium do not meet. Rather, they join the sacrum on either side to form the sacroiliac joints. The connection between the iliac bones and the sacrum is very firm, and very little motion occurs at these joints. The superior part of the ilium is the **iliac crest**. It is filled with red bone marrow and serves as an attachment for abdominal wall muscles.

Ischium—inferior or lower part of the pelvis. The ischium and the tendons and muscles attached to it are what you sit on.

Pubis—anterior part of the pelvis. The two pubic bones join by way of a cartilaginous disk. This area is called the **pubic symphysis**. Like the sacroiliac joints, this area is quite rigid.

Pelvic cavity—region within the ring of bone formed by the pelvic girdle. The rectum, sigmoid colon, bladder, and female reproductive organs lie within the pelvic cavity and are protected by the rigid architecture of the pelvic girdle. See Chapter 2, page 55, for comparison of the male pelvis and the female pelvis.

Bones of the Leg and Foot

Femur [12]—thigh bone; this is the longest bone in the body. At its proximal end it has a rounded head that fits into a depression, or socket, in the pelvis. This socket is called the **acetabulum**. The acetabulum was named because of its resemblance to a rounded cup the Romans used for vinegar (*acetum*). The head of the femur and the acetabulum form a ball-and-socket joint otherwise known as the **hip joint**. See inset in Figure 15-9.

Patella [13]—kneecap; this is a small, flat bone that lies in front of the articulation between the femur and one of the lower leg bones called the tibia. It is a sesamoid bone surrounded by protective tendons and held in place by muscle attachments. Together with the femur and the tibia, it forms the knee joint.

Tibia [14]—larger of the two bones of the lower leg; the tibia runs under the skin in the front part of the leg. It joins with the femur and patella proximally, and at its distal end (ankle) forms a flare that is the bony prominence (medial **malleolus**) at the inside of the ankle. The tibia commonly is called the **shin bone**.

Fibula [15]—smaller of the two lower leg bones; this thin bone, well hidden under the leg muscles, runs parallel to the tibia. At its distal part, it forms a flare, which is the bony prominence (lateral **malleolus**) on the outside of the ankle. The tibia, fibula, and **talus** (the first of the tarsal bones) come together to form the **ankle joint**.

Tarsals [16]—bones of the hind part of the foot (hindfoot); these seven short bones resemble the carpal bones of the wrist but are larger. The **calcaneus** is the largest of these bones and also is called the **heel bone** (Figure 15-11). As noted, the **talus** is one of three bones that form the ankle joint.

Metatarsals [17]—bones of the midfoot; there are five metatarsal bones, which are similar to the metacarpals of the hand. Each articulates with the phalanges of the toes.

Phalanges of the toes [18]—bones of the forefoot; as in the digits of the hand, there are two phalanges in the big toe and three in each of the other toes.

Figure 15-11 illustrates the bones of the foot. Table 15-3 reviews bones and bone processes and their common names.

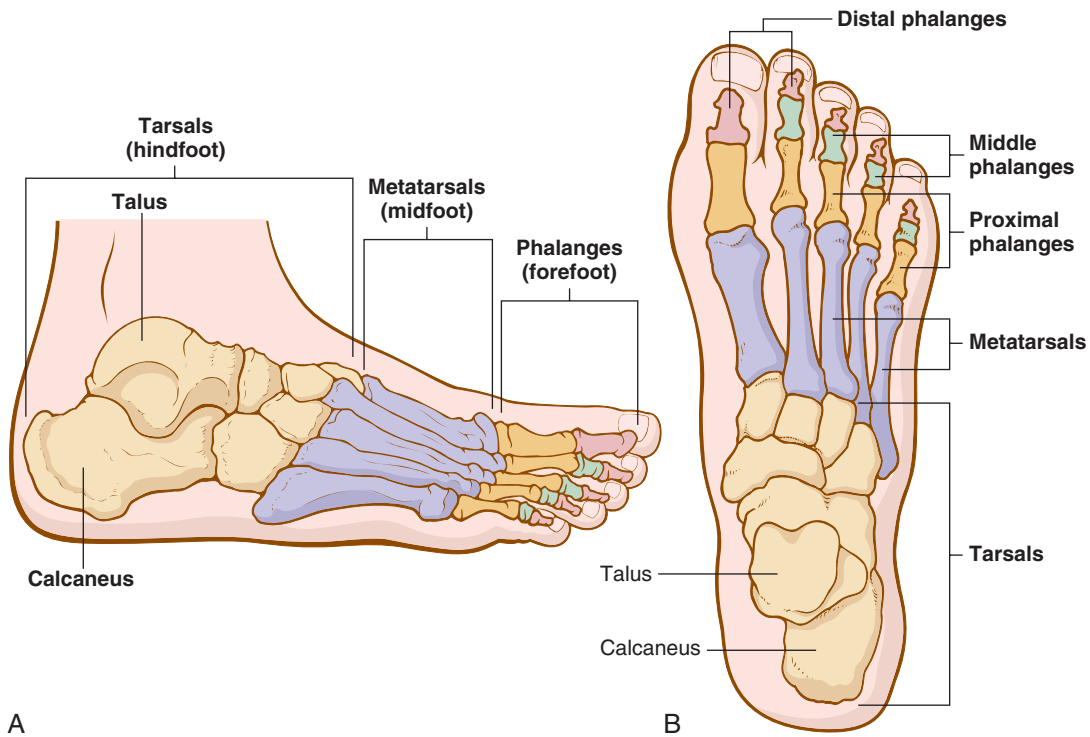


FIGURE 15-11 A, Bones of the foot, lateral view. B, Bones of the foot, as viewed from above.

TABLE 15-3 BONES OR PROCESSES AND THEIR COMMON NAMES

Bone or Process	Common Name	Bone or Process	Common Name
Acetabulum	Hip socket	Metacarpals	Hand bones
Calcaneus	Heel	Metatarsals	Midfoot bones
Carpals	Wrist bones	Olecranon	Elbow
Clavicle	Collar bone	Patella	Kneecap
Coccyx	Tailbone	Phalanges	Finger and toe bones
Cranium	Skull	Pubis	Anterior part of the pelvic bone
Femur	Thigh bone	Radius	Forearm bone—thumb side
Fibula	Smaller of the two lower leg bones	Scapula	Shoulder blade
Humerus	Upper arm bone	Sternum	Breastbone
Ilium	Upper part of pelvic bone	Tarsals	Hindfoot bones
Ischium	Inferior or lower part of the pelvic bone	Tibia	Shin bone—larger of the two lower leg bones
Malleolus	Ankle	Ulna	Forearm bone—little finger side
Mandible	Lower jawbone	Vertebra	Backbone/spine
Maxilla	Upper jawbone		



VOCABULARY—BONES

This list reviews many of the new terms related to bones introduced in the text. Short definitions reinforce your understanding of the terms. Refer to the Pronunciation of Terms on page 641 for help with unfamiliar or difficult terms.

acetabulum	Rounded depression, or socket, in the pelvis that joins the femur (thigh bone), forming the hip joint.
acromion	Outward extension of the shoulder blade forming the point of the shoulder. It overlies the shoulder joint and articulates with the clavicle.
articular cartilage	Thin layer of cartilage covering the bone in the joint space.
bone	Dense, hard connective tissue composing the skeleton. Examples are long bones (femur), short bones (carpals), flat bones (scapula), and sesamoid bones (patella).
bone depression	Opening or hollow region serving as a connection for bones, or passageways for blood vessels and nerves. Examples are fissure , foramen , fossa , and sinus .
bone process	Enlarged area that extends from bones as an attachment for muscles, tendons, and ligaments. Examples are bone head , condyle , epicondyle , trochanter , tubercle , and tuberosity .
calcium	One of the mineral constituents of bone. Calcium phosphate is the major calcium salt in bones.
cancellous bone	Spongy, porous, bone tissue in the inner part of a bone.
cartilage	Flexible, rubbery connective tissue. It is found in the immature skeleton, at the epiphyseal growth plate, and on joint surfaces.
collagen	Dense, connective tissue protein strands found in bone and other tissues.
compact bone	Hard, dense bone tissue, usually found around the outer portion of bones.
cranial bones	Skull bones: ethmoid , frontal , occipital , parietal , sphenoid , and temporal .
diaphysis	Shaft, or mid-portion, of a long bone.
disk (disc)	Flat, round, plate-like structure. An intervertebral disk is a fibrocartilaginous substance between two vertebrae.
epiphyseal plate	Cartilaginous area at the ends of long bones where lengthwise growth takes place in the immature skeleton.
epiphysis	Each end of a long bone; the area beyond the epiphyseal plate.
facial bones	Bones of the face: lacrimal , mandibular , maxillary , nasal , vomer , and zygomatic .
fontanelle	Soft spot (incomplete bone formation) between the skull bones of an infant.
foramen magnum	Opening of the occipital bone through which the spinal cord passes.

haversian canals	Minute spaces filled with blood vessels; found in compact bone.
ligament	Fibrous tissue connecting bones to other bones.
malleolus	Round process on both sides of the ankle joint. The lateral malleolus is part of the fibula, and the medial malleolus is part of the tibia.
manubrium	Upper portion of the sternum; articulates with the medial aspect of the clavicle.
mastoid process	Round projection on the temporal bone behind the ear.
medullary cavity	Central, hollowed-out area in the shaft of a long bone.
metaphysis	Flared portion of a long bone, between the diaphysis (shaft) and the epiphyseal plate (in this term, meta- means between).
olecranon	Large process on the proximal end of the ulna; the point of the flexed elbow.
orthopedist	Medical doctor who specializes in bone, joint, and muscle conditions.
osseous tissue	Bone tissue.
ossification	Process of bone formation.
osteoblast	Bone cell that helps form bony tissue.
osteoclast	Bone cell that absorbs and removes unwanted bony tissue.
periosteum	Membrane surrounding bones; rich in blood vessels and nerve tissue.
phosphorus	Mineral substance found in bones in combination with calcium.
physiatrist	Medical doctor specializing in rehabilitation (physic/o means function).
pubic symphysis	Area of confluence (coming together) of the two pubic bones in the pelvis. They are joined (sym- = together, -physis = to grow) by a fibrocartilaginous disk.
red bone marrow	Found in cancellous bone; site of hematopoiesis.
ribs	Twelve pairs of curved bones that form the chest wall. True ribs are the first 7 pairs; false ribs are pairs 8 to 10; floating ribs are pairs 11 and 12.
sella turcica	Depression in the sphenoid bone where the pituitary gland is located.
sinus	Hollow air cavity within a bone.
styloid process	Pole-like process extending downward from the temporal bone on each side of the skull.
suture	Immovable joint between bones, such as the skull (cranium).
temporomandibular joint	Connection on either side of the head between the temporal bone of the skull and mandibular bone of the jaw.
tendon	Fibrous connective tissue connecting muscles and bones.
trabeculae	Supporting bundles of bony fibers in cancellous (spongy) bone.
vertebra	Individual segment of the spine composed of the vertebral body, vertebral arch, spinous process, transverse process, and lamina, enclosing the neural canal.
xiphoid process	Lower, narrow portion of the sternum.
yellow bone marrow	Fatty tissue found in the medullary cavity of most adult long bones.



TERMINOLOGY—BONES

The following word parts pertaining to bones are divided into two groups: general terms and terms related to specific bones. Write the meanings of the medical terms in the spaces provided.

General Terms

COMBINING FORMS

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
calc/o, calci/o	calcium	hypercalcemia _____ decalcification _____ <i>de- means less or lack of; -fication is the process of making.</i>	
kyph/o	humpback, hunchback (posterior curvature in the thoracic region)	kyphosis _____ <i>This term (from Greek meaning hill or mountain) indicates a hump on the back. The affected person's height is reduced, and kyphosis may lead to pressure on the spinal cord or peripheral nerves (Figure 15-12).</i>	
lamin/o	lamina (part of the vertebral arch)	laminectomy _____ <i>An operation often performed to relieve the symptoms of compression of the spinal cord or spinal nerve roots. It involves removal of the lamina and spinous process.</i>	
lord/o	curve, swayback (anterior curvature in the lumbar region)	lordosis _____ <i>The normal anterior curvature of the lumbar spine becomes exaggerated (see Figure 15-12). The word lordosis is derived from Greek, describing a person leaning backward in a lordly fashion.</i>	

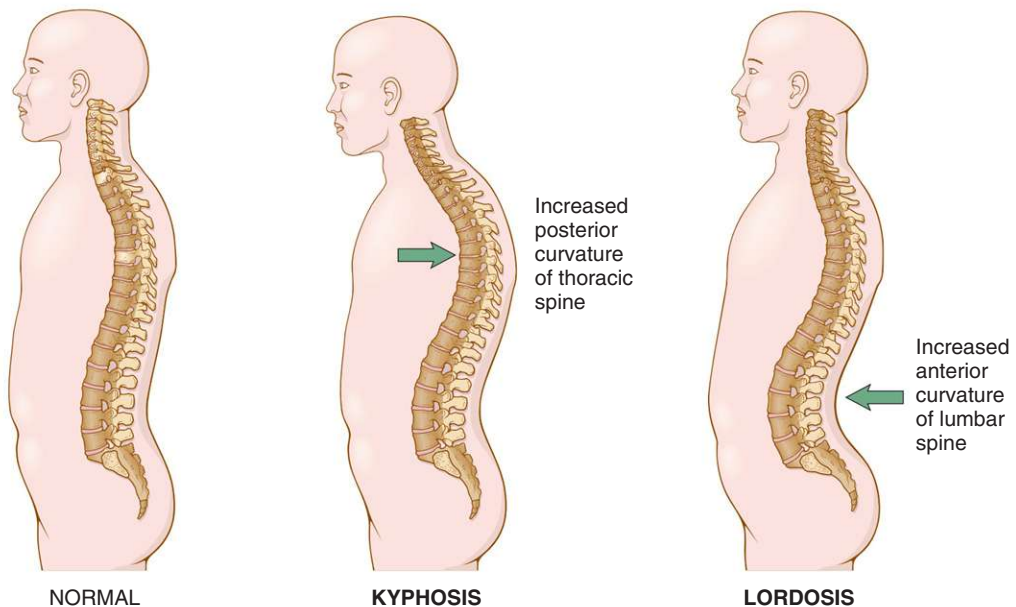


FIGURE 15-12 Kyphosis and lordosis.

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
lumb/o	loins, lower back	<u>lum</u> bar _____	
myel/o	bone marrow	<u>lumb</u> osacral _____	
orth/o	straight	<u>myel</u> opoiesis _____	
oste/o	bone	<u>orth</u> opedics _____	
		<i>Ped/o means child.</i>	
		<u>oste</u> itis _____	
		<i>Osteitis deformans</i> is better known as <i>Paget disease</i>. Bones become weak and painful, especially in the spine, skull, pelvis, and legs.	
		<u>oste</u> odystrophy _____	
		<u>oste</u> ogenesis _____	
		<i>Osteogenesis imperfecta</i> is a genetic disorder involving defective development of bones that are brittle and fragile; fractures occur with the slightest trauma.	
scoli/o	crooked, bent (lateral curvature)	<u>scoli</u> osis _____	
		<i>The spinal column is bent abnormally to the side. Scoliosis is the most common spinal deformity in adolescent girls (Figure 15-13).</i>	

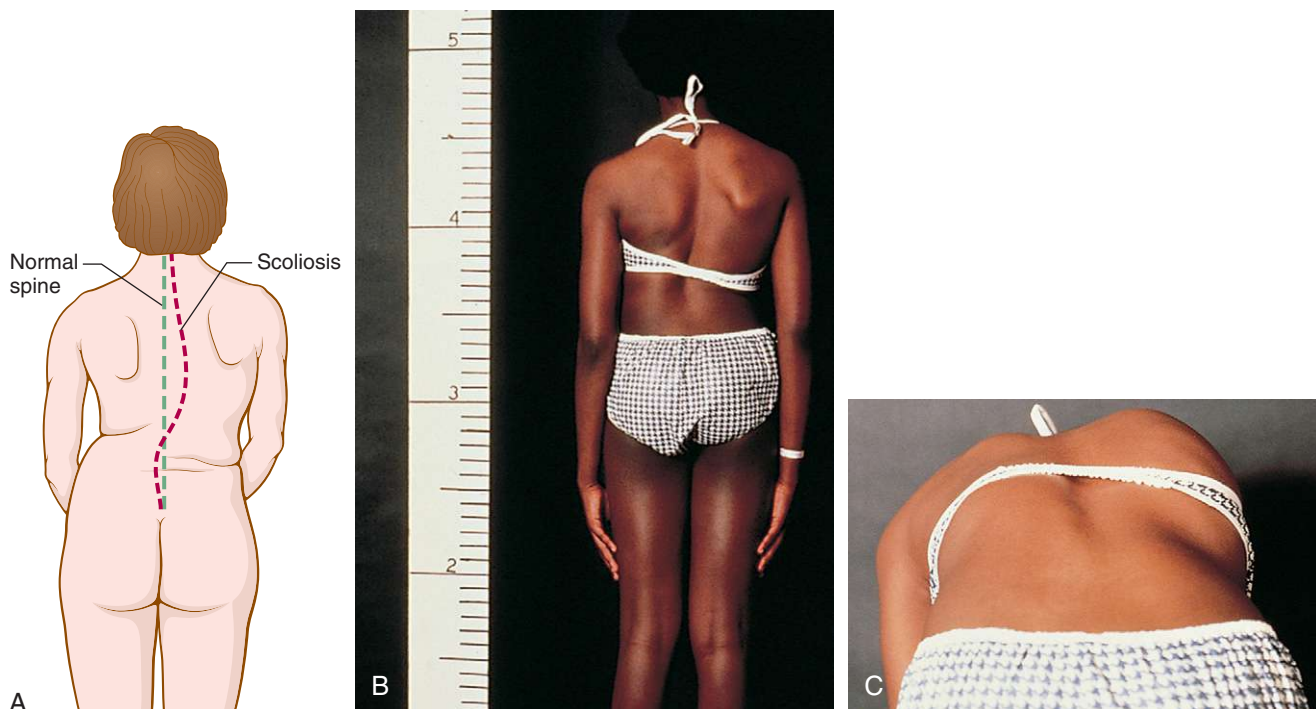


FIGURE 15-13 Moderate thoracic idiopathic adolescent scoliosis. **A**, Normal spine and scoliosis. **B**, Notice the **scapular asymmetry** in the upright position. This results from rotation of the spine and attached rib cage. **C**, Bending forward reveals a mild rib hump deformity.

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
spondyl/o (used to make words about conditions of the structure)	vertebra	<u>spondylosis</u> _____ <i>Degeneration of the intervertebral disks in the cervical, thoracic, and lumbar regions. Signs and symptoms include pain and restriction of movement.</i>	
vertebr/o (used to describe the structure itself)	vertebra	<u>vertebroplasty</u> _____ <i>Percutaneous vertebroplasty relieves pain caused by compression fractures of the vertebrae. Medical cement is used to fill in the cracks and strengthen bone.</i>	

SUFFIXES


SUFFIX	MEANING	TERMINOLOGY	MEANING
-blast	embryonic or immature cell	<u>osteoblast</u> _____ <i>This cell synthesizes collagen and protein to form bone tissue.</i>	
-clast	to break	<u>osteoclast</u> _____ <i>This cell breaks down bone to remove bone tissue.</i>	
-listhesis	slipping	<u>spondylolisthesis</u> _____ <i>(Pronounced spŏn-dī-lō-līs-THĒ-sīs.) The forward slipping (subluxation) of a vertebra over a lower vertebra.</i>	
-malacia	softening	<u>osteomalacia</u> _____ <i>A condition in which vitamin D deficiency leads to decalcification of bones; known as rickets in children.</i>	
-physis	to grow	<u>epiphysis</u> _____ <u>pubic symphysis</u> _____	
-porosis	pore, passage	<u>osteoporosis</u> _____ <i>Loss of bony tissue with decreased mass of bone. See page 600.</i>	
-tome	instrument to cut	<u>osteotome</u> _____ <i>This surgical chisel is designed to cut bone.</i>	

Terms Related to Specific Bones

COMBINING FORMS

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
acetabul/o	acetabulum (hip socket)	<u>acetabular</u> _____	
calcane/o	calcaneus (heel)	<u>calcaneal</u> _____ <i>The calcaneus is one of the tarsal (hindfoot) bones.</i>	
carp/o	carpals (wrist bones)	<u>carpal</u> _____	

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
clavicul/o	clavicle (collar bone)	supraclavicular _____ <i>Supra- means above.</i>	
cost/o	ribs (true ribs, false ribs, and floating ribs)	subcostal _____ chondrocostal _____ <i>Cartilage that is attached to the ribs.</i>	
crani/o	cranium (skull)	craniotomy _____ craniotome _____	
femor/o	femur (thigh bone)	femoral _____	
fibul/o	fibula (smaller lower leg bone)	fibular _____ <i>See perone/o.</i>	
humer/o	humerus (upper arm bone)	humeral _____	
ili/o	ilium (upper part of pelvic bone)	iliac _____	
ischi/o	ischium (posterior part of pelvic bone)	ischial _____	
malleol/o	malleolus (process on each side of the ankle)	malleolar _____ <i>The medial malleolus is at the distal end of the tibia, and the lateral malleolus is at the distal end of the fibula.</i>	
mandibul/o	mandible (lower jawbone)	mandibular _____	
maxill/o	maxilla (upper jawbone)	maxillary _____	
metacarp/o	metacarpals (hand bones)	metacarpectomy _____	
metatars/o	metatarsals (foot bones)	metatarsalgia _____	
olecran/o	olecranon (elbow)	olecranal _____	
patell/o	patella (kneecap)	patellar _____	
pelv/i	pelvis (hipbone)	pelvimetry _____	

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
perone/o 	fibula	<u>peroneal</u> _____	
phalang/o	phalanges (finger and/or toe bones)	<u>phalangeal</u> _____	
pub/o	pubis (anterior part of the pelvic bone)	<u>pubic</u> _____	
radi/o	radius (forearm bone—thumb side)	<u>radial</u> _____	
scapul/o	scapula (shoulder blade)	<u>scapular</u> _____	
stern/o	sternum (breastbone)	<u>sternal</u> _____	
tars/o	tarsals (bones of the hindfoot)	<u>tarsectomy</u> _____	
tibi/o	tibia (shin bone)	<u>tibial</u> _____	
uln/o	ulna (forearm bone—little finger side)	<u>ulnar</u> _____	

PATHOLOGY—BONES

Ewing sarcoma

Rare malignant tumor arising in bone; most often occurring in children.

Pain and swelling are common, especially if the tumor involves the shaft (medullary cavity) of a long bone. This tumor usually occurs at an early age between 5 and 15 years, and combined treatment with surgery, radiotherapy, and chemotherapy represents the best chance for cure (60% to 70% of patients are cured if metastasis has not occurred).

exostosis

Bony growth (benign) arising from the surface of bone.

Osteochondromas (composed of cartilage and bone) are benign **exostoses** usually found on the metaphyses of long bones near the epiphyseal plates. Ex- means out; -ostosis is condition of bones.

A **bunion** is a swelling of the metatarsophalangeal joint near the base of the big toe and is accompanied by the buildup of soft tissue and underlying bone at the distal/medial aspect of the first metatarsal.



Peroneal/Peritoneal/Perineal

Peroneal means pertaining to the fibula (smaller of two lower leg bones). Don't confuse this term with **peritoneal**, meaning pertaining to the peritoneum (membrane surrounding the abdominal organs), and **perineal**, meaning pertaining to the area between the rectum and the vagina in females, and between the rectum and scrotal sac in males.

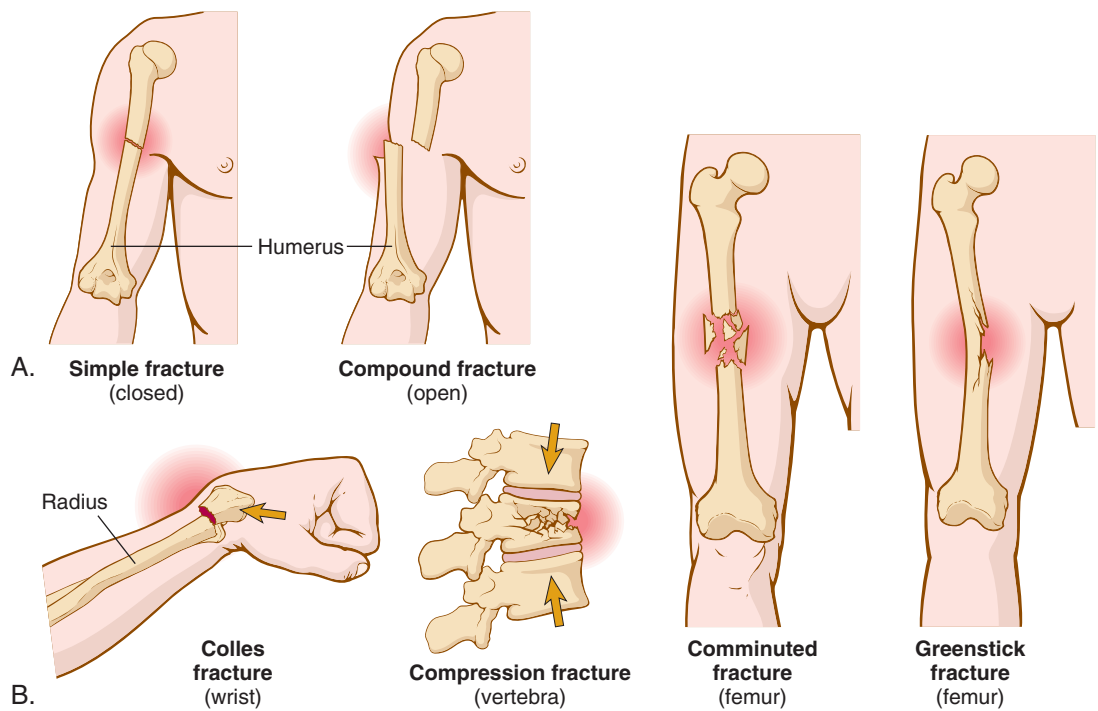


FIGURE 15-14 A, Simple and compound fractures. B, Types of fractures. A pathologic fracture is caused by disease of bones (tumor, infection, osteoporosis) that causes them to weaken.

fracture

Traumatic breaking of a bone.

In a **simple (closed) fracture**, the bone is broken but there is no open wound in the skin. In a **compound (open) fracture**, the bone is broken and a fragment of bone protrudes through an open wound in the skin. See Figure 15-14A. **Crepitus** is the crackling sound produced when ends of bones rub each other or rub against roughened cartilage. Table 15-4 lists different types of fractures and their descriptions. Figure 15-14B illustrates these fractures.

Treatment of fractures involves **reduction**, which is restoration of the bone to its normal position. A **closed reduction** is manipulative reduction without a surgical incision; in an **open reduction**, an incision is made for access to the fracture site. A **cast** (solid mold of the body part) is applied to fractures to immobilize the injured bone after a closed reduction. The abbreviation **ORIF** means open reduction/internal fixation. Often this involves insertion of metal plates, screws, rods, or pins to stabilize the bone.

TABLE 15-4 TYPES OF FRACTURES (see Figure 15-14B)	
Type	Description
Colles	Near the wrist at distal end of the radius
Comminuted	Bone is splintered and crushed into several pieces
Compression	Bone collapses or is compressed; occurs in vertebrae
Greenstick	Bone is partially broken; breaks on one surface and bends on another; often occurring in forearm
Impacted	One fragment is driven firmly into the other; at the head of the femur or head of the humerus (not pictured)

**osteogenic sarcoma
(osteosarcoma)**

Common malignant tumor arising from osteoblasts, found primarily in children and adolescents.

Osteoblasts multiply, forming large, bony tumors, especially at the ends of long bones (half of the lesions are located just below or just above the knee) (Figure 15-15). Metastasis (spread of tumor) takes place through the bloodstream, often affecting the lungs. Surgical resection followed by chemotherapy improves the survival rate.

Malignant tumors from other parts of the body (breast, prostate, lung, thyroid gland, and kidney) that metastasize to bones are **metastatic bone lesions**.

osteomalacia

Softening of bone, with inadequate amounts of mineral (calcium) in the bone.

Osteomalacia occurs primarily as a disease of infancy and childhood and is then known as **rickets**. Bones fail to receive adequate amounts of calcium and phosphorus; they become soft, bend easily, and become deformed.

In affected patients, vitamin D is deficient in the diet, which prevents calcium and phosphorus from being absorbed into the bloodstream from the intestines. Vitamin D is formed by the action of sunlight on certain compounds (such as cholesterol) in the skin; thus, rickets is more common in large, smoky cities during the winter months.

Treatment most often consists of administration of large daily doses of vitamin D and an increase in dietary intake of calcium and phosphorus.

osteomyelitis

Inflammation of the bone and bone marrow secondary to infection.

Bacteria enter the body through a wound and spread to the bone. Children are affected most often, and the infection usually occurs near the ends of long bones of the legs and arms. Adults can be affected too, usually as the result of an open fracture.

The lesion begins as an inflammation with pus collection. Pus tends to spread down the medullary cavity and outward to the periosteum. Antibiotic therapy corrects the condition if the infection is treated quickly. If treatment is delayed, an **abscess** can form. An abscess is a walled-off area of infection that can be difficult or impossible to penetrate with antibiotics. Surgical drainage of an abscess usually is necessary.

osteoporosis

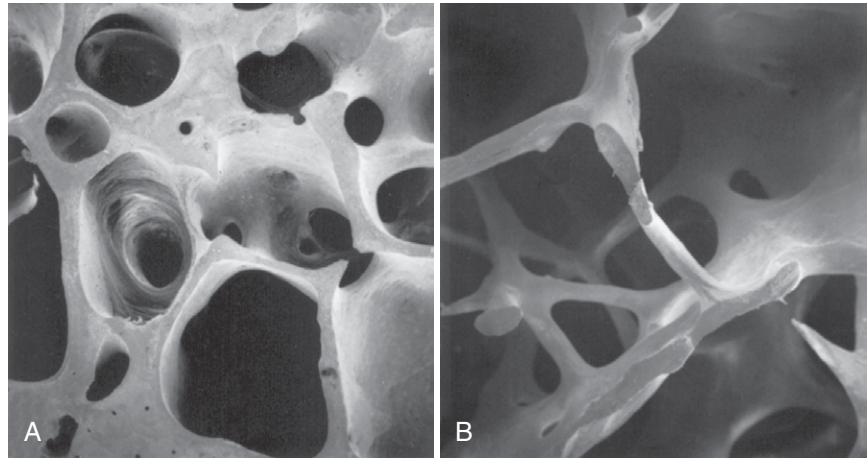
Decrease in bone density (mass); thinning and weakening of bone.

Osteopenia is a condition in which bone mineral density is lower than normal. In some cases, it is a precursor to osteoporosis. In osteoporosis, the interior of bones is diminished in structure, as if the steel skeleton of a building had rusted and deteriorated (Figure 15-16). The condition commonly occurs in older women as a consequence of estrogen deficiency with menopause. Lack of estrogen promotes



FIGURE 15-15 Osteosarcoma. The tumor has grown through the cortex of the bone and elevated the periosteum. (Courtesy Dr. Francis Hornicek, Massachusetts General Hospital Department of Orthopedics, Boston.)

FIGURE 15-16 Scanning electron micrograph of normal bone (A) and bone with osteoporosis (B). Notice the thinning and wide separation of the trabeculae in the osteoporotic bone.

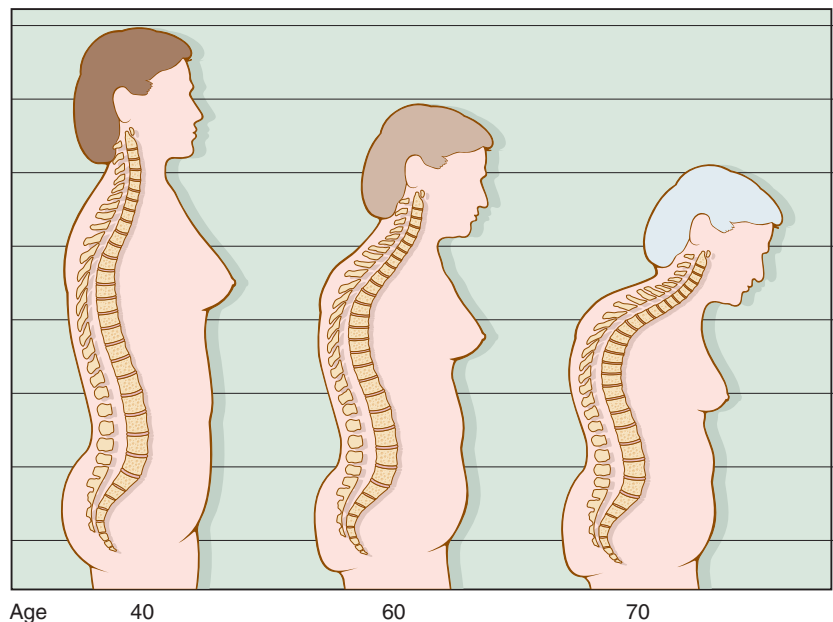


excessive bone resorption (osteoclast activity) and less bone deposition. Weakened bones are subject to fracture (as in the hip); loss of height and kyphosis occur as vertebrae collapse (Figure 15-17).

Osteoporosis can occur with atrophy caused by disuse, as in a limb that is in a cast, in the legs of a person with paraplegia, or in a bedridden patient. It also may occur in men as part of the aging process and in patients who have received corticosteroids (hormones made by the adrenal gland and used to treat inflammatory conditions).

Treatment and prevention of osteoporosis 🍷 are critical to maintaining strong bones and avoiding fractures of the spine, hip, or wrist.

FIGURE 15-17 Kyphosis. Loss of bone mass due to osteoporosis produces posterior curvature of the spine in the thoracic region. A normal spine is shown at the age of 40 years, and osteoporotic changes are illustrated at the ages of 60 and 70 years. The changes in the spine can cause a loss of as much as 6 to 9 inches in height.



Preventing Osteoporosis

Prevention of osteoporosis includes the following:

- Balanced diet rich in calcium and vitamin D
- Weight-bearing and resistance exercise
- Reduction of smoking and alcohol intake
- Checking bone mineral density (BMD) with a DEXA test (see page 619)
- Medications when appropriate—such as bisphosphonates (Fosamax, Boniva) and selective estrogen receptor modulators (SERMs—Raloxifene, Evista) and hormone replacement therapy (HRT)

talipes**Congenital abnormality of the hindfoot (involving the talus).**

Talipes (Latin *talus* = ankle, *pes* = foot) is a congenital anomaly. The most common form is **talipes equinovarus** (*equin/o* = horse), or **clubfoot**. The infant cannot stand with the sole of the foot flat on the ground. The defect can be corrected by applying orthopedic casts in the early months of infancy or, if that fails, by surgery.

JOINTS

TYPES OF JOINTS

A **joint (articulation)** is a coming together of two or more bones. Some joints are immovable, such as the **suture joints** between the skull bones. Other joints, such as those between the vertebrae, are partially movable. Most joints, however, allow considerable movement. These freely movable joints are called **synovial joints**. Examples of synovial joints are the ball-and-socket type (the hip and shoulder joints) and the hinge type (elbow, knee, and ankle joints). Label the structures in Figure 15-18 as you read the following description of a synovial joint.

The bones in a synovial joint are surrounded by a **joint capsule** [1] composed of fibrous tissue. **Ligaments** (thickened fibrous bands of connective tissue) anchor one bone to another and thereby add considerable strength to the joint capsule in critical areas. Bones at the joint are covered with a smooth, glistening white tissue called the **articular cartilage** [2]. The **synovial membrane** [3] lies under the joint capsule and lines the **synovial cavity** [4] between the bones. The synovial cavity is filled with a special lubricating fluid produced by the synovial membrane. This **synovial fluid** contains water and nutrients that nourish as well as lubricate the joints so that friction on the articular cartilage is minimal.

A **meniscus** is a crescent-shaped fibrocartilaginous structure that partly divides a joint cavity and acts as a protective cushion. It is present in the knee (see Figure 15-19).

BURSAE

Bursae (*singular: bursa*) are closed sacs of synovial fluid lined with a synovial membrane and are located near but not within a joint. Bursae are present wherever two types of tissue need to slide past one another with as little friction as possible. Bursae serve as layers of lubrication between the tissues. Common sites of bursae are between **tendons** (connective tissue that connects a muscle to bone) and bones, between **ligaments** (connective tissue binding bone to bone) and bones, and between skin and bones in areas where bony anatomy is prominent.

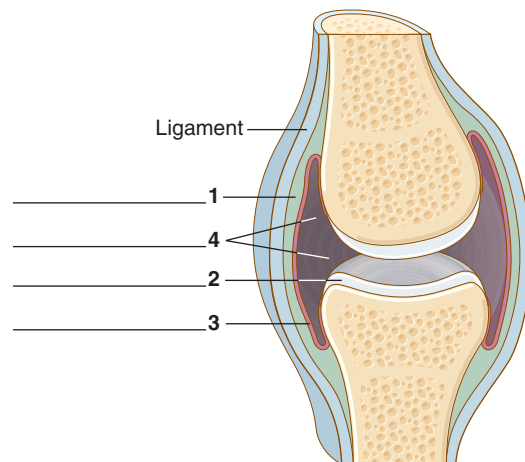


FIGURE 15-18 Structure of a synovial joint.

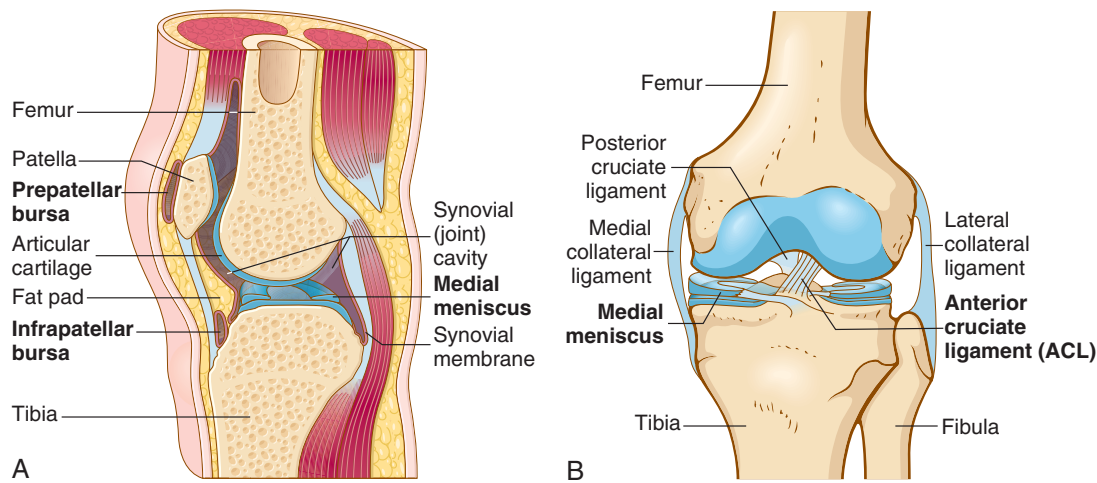


FIGURE 15-19 **A, Sagittal (lateral) section of the knee showing the medial meniscus (plural menisci), and bursae.** A “torn cartilage” in the knee is a damaged meniscus and is frequently repaired with arthroscopic surgery. **B, Frontal section of the knee.** Notice the **anterior cruciate ligament (ACL)**, which may be damaged (“torn ligament”) with knee injury. Reconstruction of the ACL can require extensive surgery, and months of physical therapy may be required before return of normal function. See case study, page 624.

Some common locations of bursae are at the elbow joint (olecranon bursa), knee joint (prepatellar bursa), and shoulder joint (subacromial bursa). Figure 15-19A shows a lateral view of the knee joint with bursae. Figure 15-19B is a frontal (anterior/posterior) view of the knee showing ligaments that provide stability for the joint.



VOCABULARY—JOINTS

This list reviews many new terms related to joints introduced in the text. Short definitions reinforce your understanding of the terms. Refer to the Pronunciation of Terms on page 645 for help with unfamiliar or difficult terms.


articular cartilage	Smooth, glistening white tissue that covers the surface of a joint.
articulation	Any type of joint.
bursa (<i>plural: bursae</i>)	Sac of fluid near a joint; promotes smooth sliding of one tissue against another.
ligament	Connective tissue binding bones to other bones; supports, strengthens, and stabilizes the joint.
meniscus	Crescent-shaped fibrocartilaginous structure found in the knee.
suture joint	Immovable joint, such as between the bones of the skull.
synovial cavity	Space between bones at a synovial joint; contains synovial fluid produced by the synovial membrane.
synovial fluid	Viscous (sticky) fluid within the synovial cavity. Synovial fluid is similar in viscosity to egg white; this accounts for the origin of the term (syn- = like, ov/o = egg).
synovial joint	A freely movable joint.
synovial membrane	Tissue lining the synovial cavity; it produces synovial fluid.
tendon	Connective tissue that binds muscles to bones.



TERMINOLOGY—JOINTS

Write the meanings of the medical terms in the spaces provided.

COMBINING FORMS

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
ankylo/o 	stiff	<u>ankylosis</u> _____	
arthr/o	joint	<u>arthroplasty</u> _____ <i>Replacement arthroplasty is replacement of one or both bone ends by a prosthesis (artificial part) of metal or plastic. See page 618. Carpometacarpal arthroplasty is a treatment for arthritis in the thumb (at the basal joint).</i>	
		<u>arthrotomy</u> _____	
		<u>hemarthrosis</u> _____	
		<u>hydrarthrosis</u> _____ <i>Synovial fluid collects abnormally in the joint.</i>	
		<u>polyarthritis</u> _____	
articul/o	joint	<u>articular cartilage</u> _____ <i>Inflammation of articular cartilage is arthritis, whereas a “torn cartilage” is specifically a tear of a meniscus.</i>	
burs/o	bursa	<u>bursitis</u> _____ <i>Causes of this periarticular condition may be related to stress placed on the bursa or to diseases such as gout or rheumatoid arthritis. The bursa becomes inflamed and movement is limited and painful. Intrabursal injection of corticosteroids and also rest and splinting of the limb are helpful in treatment.</i>	
chondr/o	cartilage	<u>achondroplasia</u> _____ <i>This is an inherited condition in which the bones of the arms and legs fail to grow to normal size because of a defect in cartilage and bone formation. Dwarfism results, characterized by short limbs and a normal-sized head and trunk. See page 80.</i>	
		<u>chondroma</u> _____	
		<u>chondromalacia</u> _____ <i>Chondromalacia patellae is a softening and roughening of the articular cartilaginous surface of the kneecap, resulting in pain, a grating sensation, and mechanical “catching” behind the patella with joint movement.</i>	
ligament/o	ligament	<u>ligamentous</u> _____	



Ankylosis/Alkalosis

Ankylosis is a condition of joint stiffening or immobilization. Don't confuse this term with *alkalosis*, meaning increased alkalinity (pH) of blood and tissues.

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
rheumat/o	watery flow	<u>rheumatologist</u> _____ <i>Various forms of arthritis are marked by collection of fluid in joint spaces.</i>	
synov/o	synovial membrane	<u>synovitis</u> _____	
ten/o	tendon	<u>tenorrhaphy</u> _____ <u>tenosynovitis</u> _____ <i>Synov/o here refers to the sheath (covering) around the tendon.</i>	
tendin/o	tendon	<u>tendinitis</u> _____ <i>Also spelled tendonitis.</i>	

SUFFIXES

SUFFIX	MEANING	TERMINOLOGY	MEANING
-desis	to bind, tie together	<u>arthrodesis</u> _____ <i>Bones are fused across the joint space by surgery (artificial ankylosis). This operation is performed when a joint is very painful, unstable, or chronically infected.</i>	
-stenosis	narrowing	<u>spinal stenosis</u> _____ <i>Narrowing of the neural (spinal) canal in the lumbar spine. Symptoms (pain, paresthesias, urinary retention, bowel incontinence) come from compression of the cauda equina (nerves that spread out from the lower end of the spinal cord like a horse's tail). See Figure 15-20.</i>	

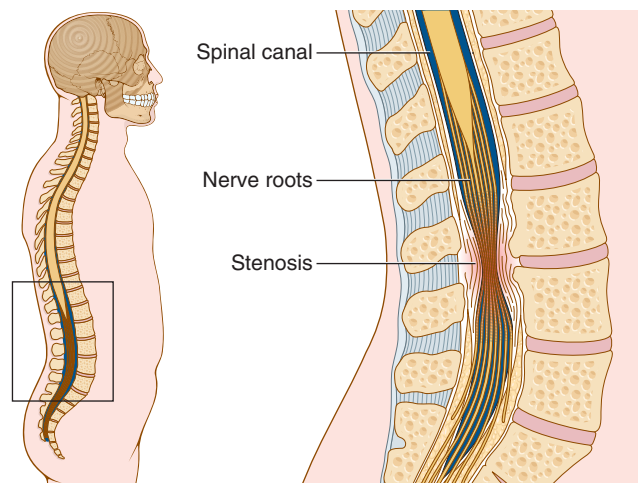


FIGURE 15-20 Spinal stenosis. Wear-and-tear effects of aging can lead to narrowing of the spinal (neural) canal.

PATHOLOGY—JOINTS

arthritis

Inflammation of any joint.

Some of the more common forms are:

1. ankylosing spondylitis

Chronic, progressive arthritis with stiffening of joints, primarily of the spine.

Bilateral sclerosis (hardening) of the sacroiliac joints is a diagnostic sign. Joint changes are similar to those seen in rheumatoid arthritis, and the condition can respond to corticosteroids and anti-inflammatory drugs.

2. gouty arthritis (gout)

Inflammation and painful swelling of joints caused by excessive uric acid in the body.

A congenital defect in the metabolism of uric acid causes too much of it to accumulate in blood (**hyperuricemia**), joints, and soft tissues near joints. The “pointy” uric acid crystals (salts) destroy the articular cartilage and damage the synovial membrane, often resulting in excruciating pain. The joint chiefly affected is the big toe; hence, the condition often is called **podagra** (pod/o = foot, -agra = excessive pain). Treatment consists of drugs to lower uric acid production (allopurinol) and to prevent inflammation (colchicine and indomethacin) and a special diet that avoids foods that are rich in uric acid, such as red meats, red wines, and fermented cheeses.

3. osteoarthritis (OA)

Progressive, degenerative joint disease with loss of articular cartilage and hypertrophy of bone (formation of osteophytes, or bone spurs) at articular surfaces.

This condition, also known as **degenerative joint disease**, can occur in any joint, but occurs mainly in the spine, hips, and knees of older people. It is marked by a narrowing of the joint space (due to loss of cartilage). Treatment consists of aspirin and nonsteroidal anti-inflammatory drugs (NSAIDs) to reduce inflammation and pain and physical therapy to loosen impaired joints. Figure 15-21 compares a normal joint and those with changes characteristic of osteoarthritis and rheumatoid arthritis.

End-stage osteoarthritis is the most common reason for joint replacement surgery (total joint arthroplasty).

4. rheumatoid arthritis (RA)

Chronic joint condition with inflammation and pain; caused by an autoimmune reaction against joint tissue, particularly the synovial membrane.

The small joints of the hands and feet are affected first, and larger joints later. Women are more commonly afflicted than men. Synovial membranes become inflamed and thickened, damaging the articular cartilage and preventing easy movement (see Figure 15-21). Sometimes fibrous tissue forms and calcifies, creating a **bony ankylosis** (pathologic union) at the joint and preventing any movement at all. Swollen, painful joints accompanied by **pyrexia** (fever) are symptoms.

Diagnosis is by a blood test that shows the presence of the rheumatoid factor (an antibody) and x-ray images revealing changes around the affected joints. Treatment consists of heat applications and drugs such as aspirin and other NSAIDs and corticosteroids to reduce inflammation and pain. Disease-modifying antirheumatic drugs (DMARDs) such as methotrexate and gold salts also are used.

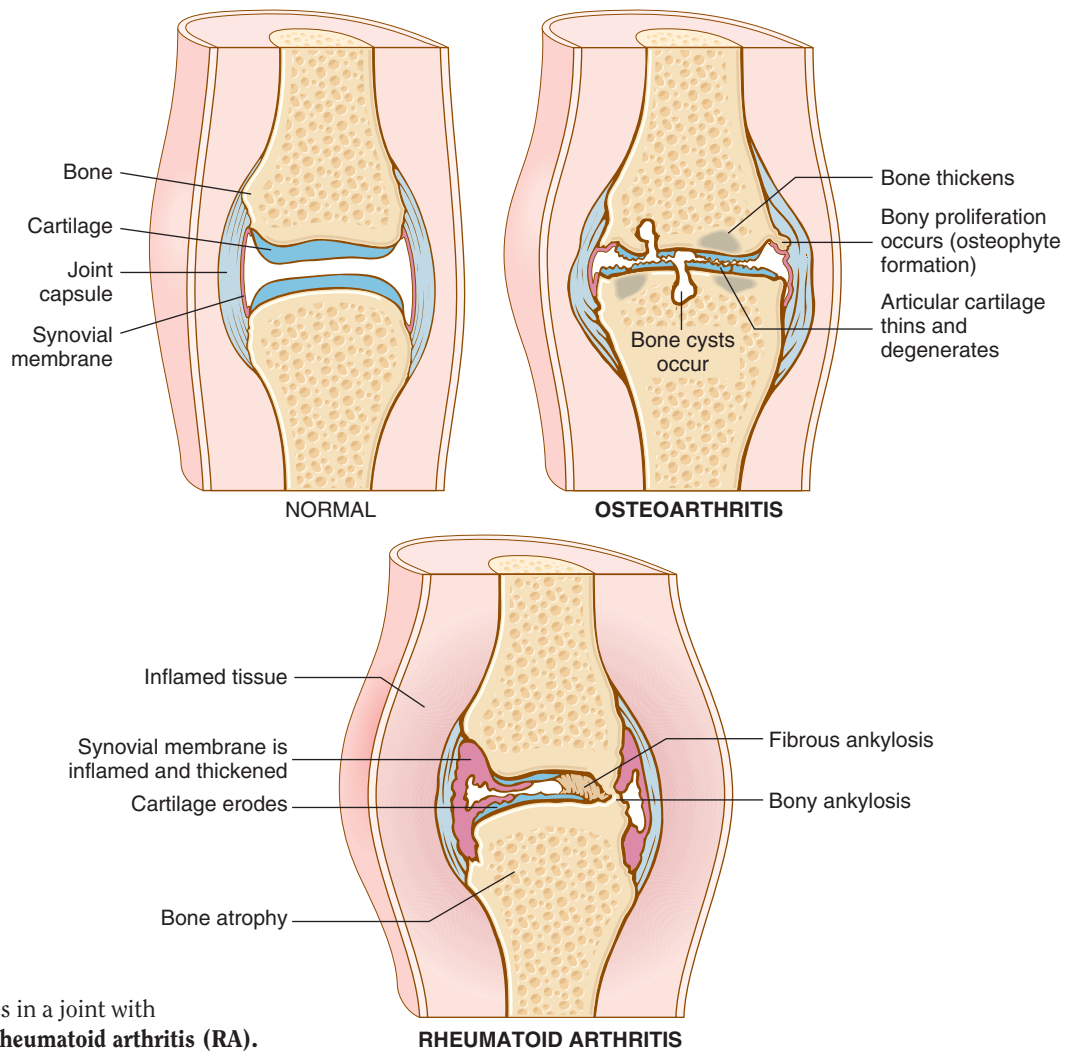


FIGURE 15-21 Changes in a joint with osteoarthritis (OA) and rheumatoid arthritis (RA).

bunion

Enlargement of bone or tissue around the joint at the base of the big toe (metatarsophalangeal joint).

Chronic irritation from ill-fitting shoes can cause a buildup of soft tissue and underlying bone. Bunionectomy (removal of a bony exostosis and associated soft tissue) is indicated if other measures (changing shoes and use of anti-inflammatory agents) fail. See Figure 15-22. Another name for a bunion is **hallux** (great toe) **valgus** (abnormal angulation of the toe).

FIGURE 15-22 The photograph shows a **bunion** of the left foot. The first x-ray is before **bunionectomy**, and the second is after surgery to remove tissue and realign the bones. (Courtesy Dr. Sidra Ezrahi and Dr. Richard de Asia, Massachusetts General Hospital, Boston.)



carpal tunnel syndrome (CTS)

Compression of the median nerve as it passes between the ligament and the bones and tendons of the wrist.

CTS is caused by compression of the median nerve (see Figure 15-23) in the carpal tunnel. The compression results from swelling and/or inflammation of the flexor tendons. The thumb, the index and long (middle) fingers, and the radial half of the ring finger become dysesthetic (numb).

Treatment consists of splinting the wrist during sleep to immobilize it, use of anti-inflammatory medications, and injection of cortisone into the carpal tunnel. If these measures fail, surgical release of the transverse carpal ligament is usually curative.

dislocation

Displacement of a bone from its joint.

Dislocated bones do not articulate with each other. The most common cause of dislocations is trauma. **Shoulder dislocation** (disruption of articulation between the head of the humerus and the glenoid fossa of the scapula) and **hip dislocation** (disruption of articulation between the head of the femur and the acetabulum of the pelvis) are examples.

Treatment of dislocations involves **reduction**, which is restoration of the bones to their normal positions. A **subluxation** is a partial or incomplete dislocation.

ganglion cyst

Fluid-filled sac arising from joint capsules or tendons, typically in the hand.

Most common in the wrist, but can occur in the shoulder, knee, hip, or ankle. See Figure 15-24. Treatment ranges from immobilization and reduced activity to aspiration of fluid if necessary.

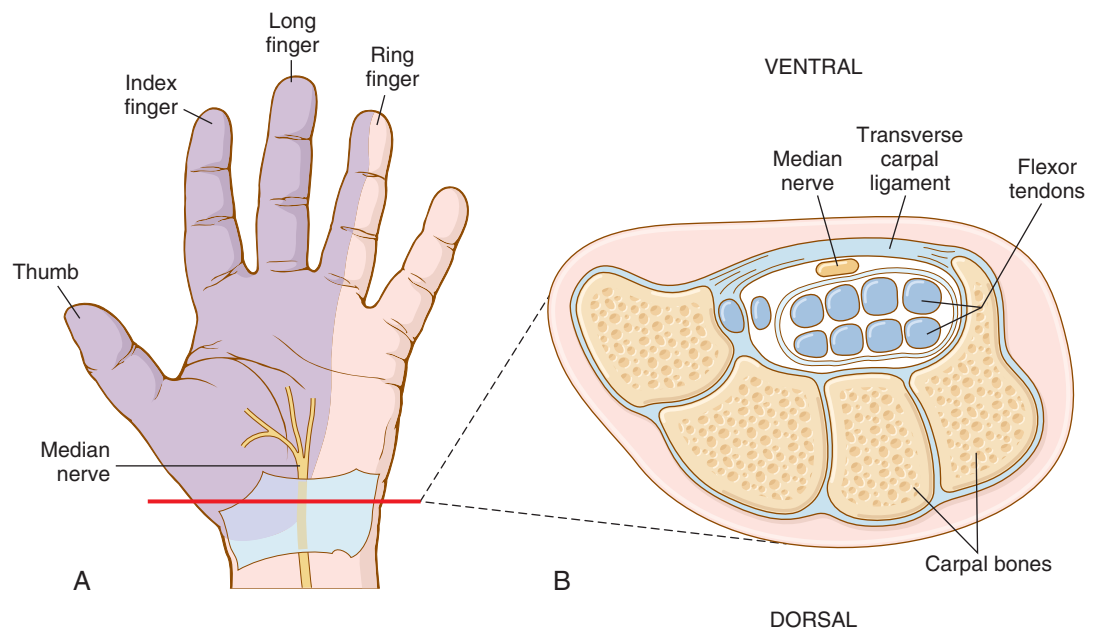


FIGURE 15-23 Carpal tunnel syndrome (CTS). **A**, The median nerve's sensory distribution in the thumb, first three fingers, and palm. **B**, Cross section of a left hand at the level indicated in **(A)**. Note the position of the median nerve between the carpal ligament and the tendons and carpal bones.



FIGURE 15-24 Ganglion cyst on the wrist. This is commonly known as a Bible cyst because a frequent treatment in the past was to strike the ganglion with a Bible to rupture it.

herniation of an intervertebral disk (disc)

Abnormal protrusion of an intervertebral disk into the spinal canal or spinal nerves.

This condition is commonly referred to as a “**slipped disk**.” Pain is experienced as the inner portion of the disk (nucleus pulposus) presses on spinal nerves or on the spinal cord. See Figure 15-25A. Low back pain and **sciatica** (pain radiating down the leg) are symptoms when the disk protrudes in the lumbar spine. See Figure 15-25B. Neck pain and burning pain radiating down an arm are characteristic of a herniated disk in the cervical spine. Physical therapy, drugs for pain, and epidural cortisone injections may help initially. In patients with chronic or recurrent disk herniation, **microdiscectomy** (removal of a portion of the protruding disk) may be advised. See Figure 15-26A. In microendoscopic surgery, the disk is removed by inserting a tube through the skin and aspirating the disk through the tube.

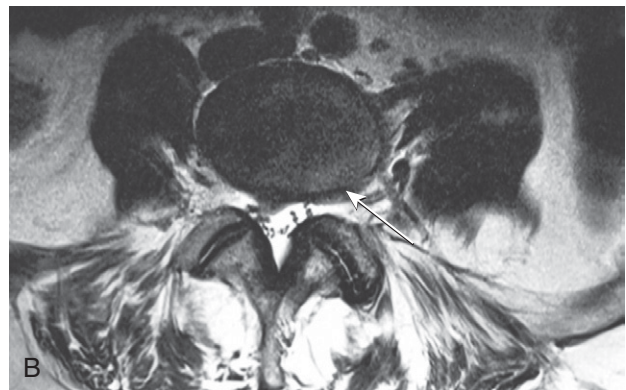
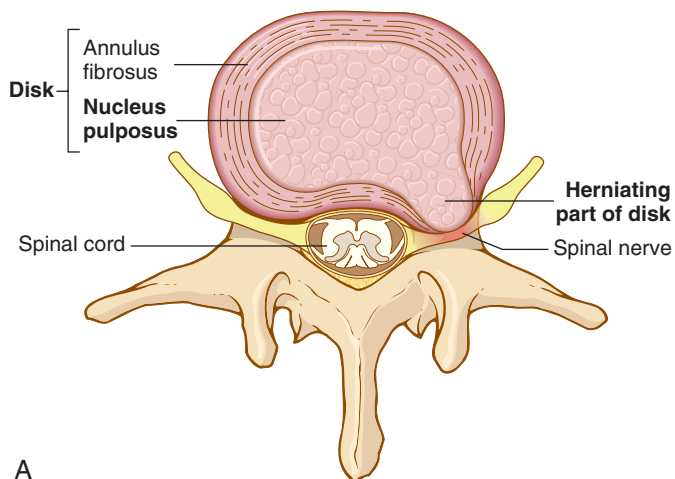


FIGURE 15-25 A, Herniation of an intervertebral disk (view from above the vertebra). The inner portion (nucleus pulposus) of the disk can be seen pressing on the spinal nerve. The condition is also known as **herniated nucleus pulposus (HNP)**. B, MRI showing a herniated disk impinging on the sciatic nerve root.



FIGURE 15-26 A, After microdiscectomy, fragments of the herniated disk are removed and shown here. *Courtesy of Jean-Valéry Coumans, Massachusetts General Hospital.* B, “Bull’s eye” rash in Lyme disease.

Lyme disease (Lyme arthritis)

Disorder marked by arthritis, myalgia, and malaise; cause is a bacterium carried by a tick.

It was first reported in Old Lyme, Connecticut, and is now found throughout the eastern coastal region of the United States. It is often marked by a “bull’s eye” rash at the site of the tick bite. See Figure 15-26B. The condition is treated with antibiotics. In some cases, Lyme disease can affect the nervous system. See In Person account on page 622.

sprain

Trauma to ligaments without rupture.

A **strain** is an injury involving the overstretching of muscle. Application of gentle compressive wraps is an immediate measure to relieve pain and minimize swelling caused by sprains and strains. Application of ice and elevation of the extremity are also helpful.

systemic lupus erythematosus (SLE)

Chronic inflammatory autoimmune disease involving joints, skin, kidneys, central nervous system (CNS), heart, and lungs.

This condition affects connective tissue (specifically a protein component called **collagen**) in tendons, ligaments, bones, and cartilage all over the body. Typically, there is a red, scaly rash over the nose and cheeks (“butterfly” rash) (Figure 15-27). Patients, usually women, experience joint pain in several joints (polyarthralgia), pyrexia (fever), kidney inflammation, and malaise. SLE is an autoimmune disease that is diagnosed by the presence of abnormal antibodies in the blood and characteristic white blood cells called LE cells. Treatment involves giving corticosteroids, hormones made by the adrenal gland that are used to treat inflammatory conditions.

The name **lupus**, meaning wolf, has been used since the 13th century, because people with lupus looked like their skin had been affected by wolf bites.



FIGURE 15-27 Butterfly rash that may accompany systemic lupus erythematosus.

MUSCLES

TYPES OF MUSCLES

There are three types of muscles in the body. Label Figure 15-28 as you read the following descriptions of the various types of muscles.

Striated muscle [1] makes up the **voluntary** or **skeletal muscles** that move all bones, as well as controlling facial expression and eye movements. Through the central and peripheral nervous systems, we have conscious control over these muscles. Striated muscle fibers (cells) have a pattern of dark and light bands, or fibrils, in their cytoplasm. Fibrous tissue that envelops and separates muscles is called **fascia**, which contains the muscle's blood, lymph, and nerve supply.

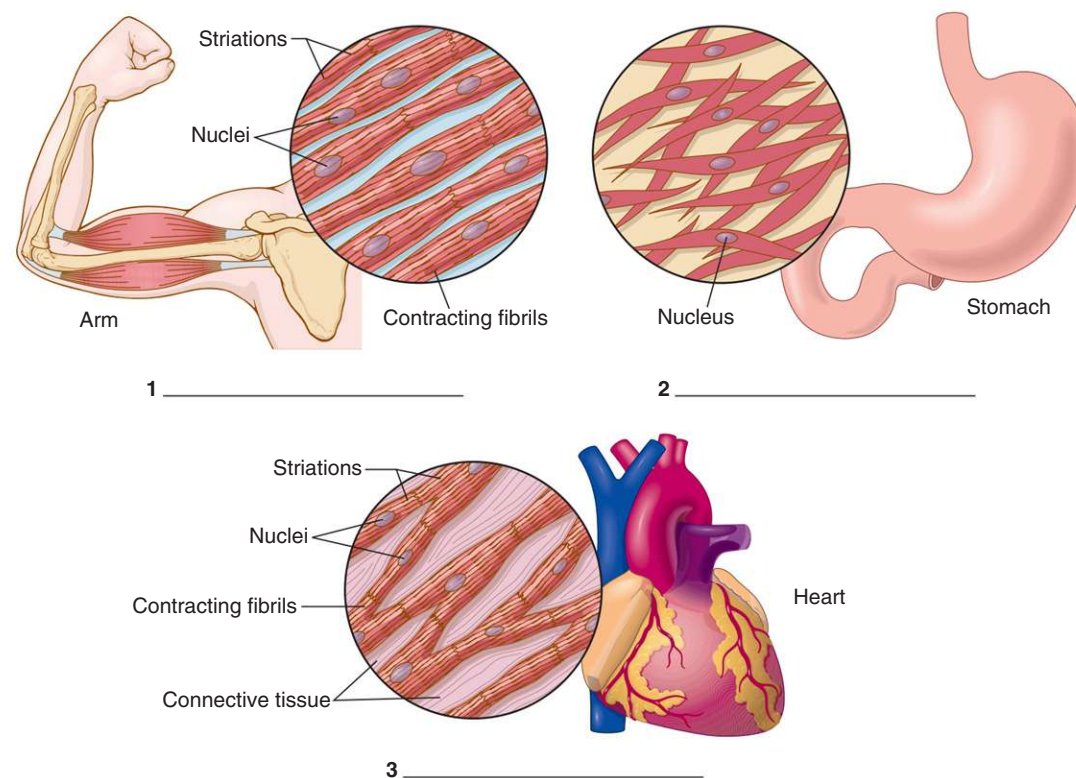


FIGURE 15-28 Types of muscles.

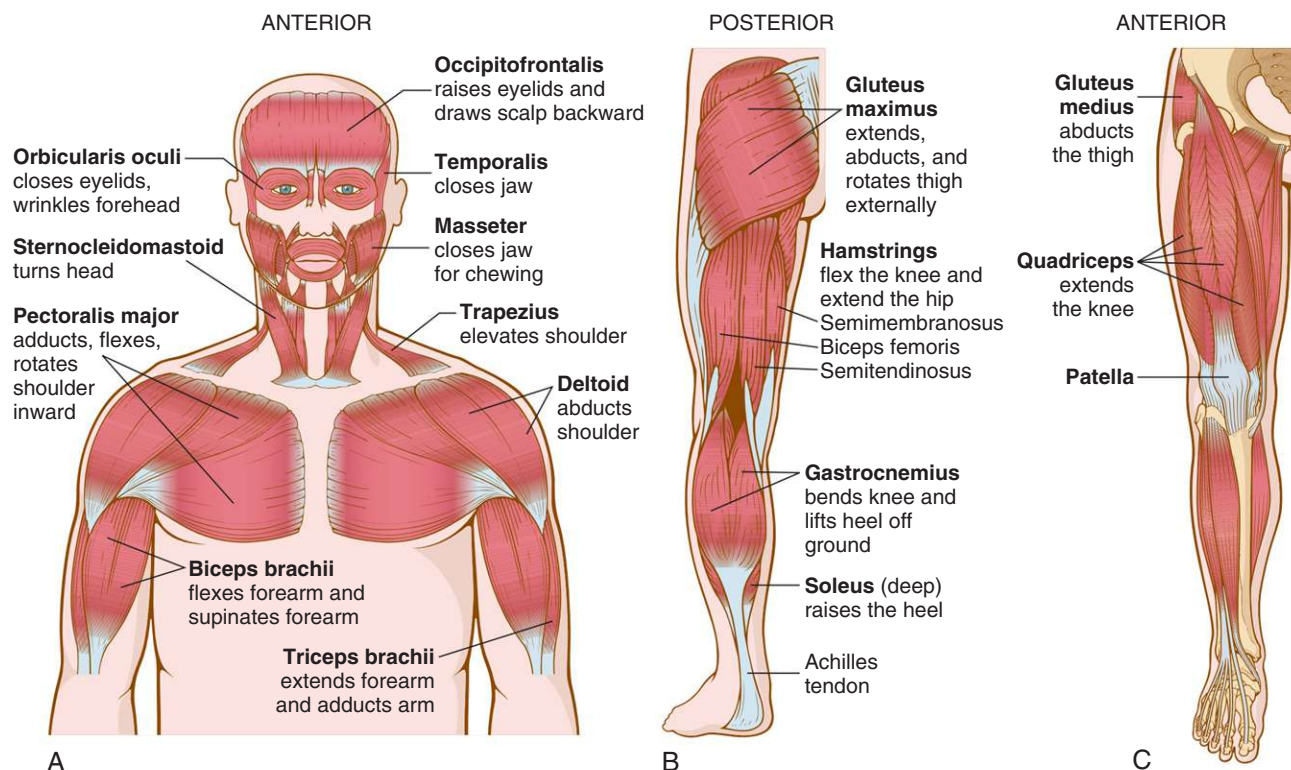


FIGURE 15-29 (A) Selected muscles of the head, neck, torso, and arm and their functions. (B) Selected muscles of the posterior and anterior aspect of the leg and their functions. The Evolve site contains additional anterior and posterior images of major muscles and their functions.

Smooth muscle [2] makes up the **involuntary** or **visceral muscles** that move internal organs such as the digestive tract, blood vessels, and secretory ducts leading from glands. These muscles are controlled by the autonomic nervous system. They are called smooth because they have no dark and light fibrils in their cytoplasm. Skeletal muscle fibers are arranged in bundles, whereas smooth muscle forms sheets of fibers as it wraps around tubes and vessels.

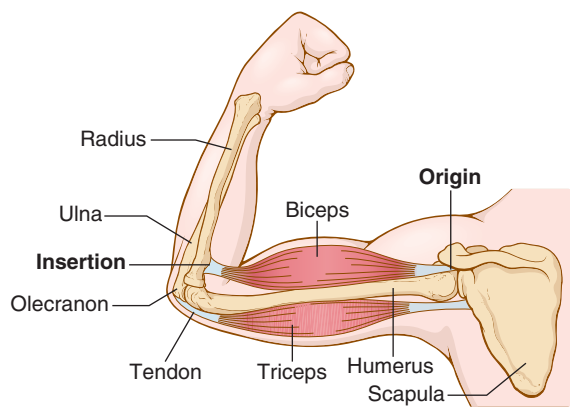
Cardiac muscle [3] is striated in appearance but is like smooth muscle in its action. Its movement cannot be consciously controlled. The fibers of cardiac muscle are branching fibers and are found in the heart.

ACTIONS OF SKELETAL MUSCLES

Skeletal (striated) muscles (more than 600 in the human body) are the muscles that move bones. Figure 15-29 shows some skeletal muscles of the head, neck, and torso and muscles of the posterior aspect of the leg. When a muscle contracts, one of the bones to which it is joined remains virtually stationary as a result of other muscles that hold it in place. The point of attachment of the muscle to the stationary bone is called the **origin (beginning)** of that muscle. When the muscle contracts, however, another bone to which it is attached does move. The point of junction of the muscle to the bone that moves is called the **insertion** of the muscle. Most often, the origin of a muscle lies proximal in the skeleton, whereas its insertion lies distal.

Figure 15-30 shows the biceps and triceps muscles in the upper arm. One origin of the biceps is at the scapula, and its insertion is at the radius. Tendons are the connective tissue bands that connect muscles to the bones.

FIGURE 15-30 Origin and insertion of the biceps in the arm. Note also the origin of the triceps at the scapula and the insertion at the olecranon of the ulna.



Muscles can perform a variety of actions. Some of the terms used to describe those actions are listed here, with a short description of the specific type of movement performed (See Figure 15-31 on page 614).

ACTION	MEANING
flexion	Decreasing the angle between two bones; bending a limb.
extension	Increasing the angle between two bones; straightening out a limb.
abduction	Movement away from the midline of the body.
adduction	Movement toward the midline of the body.
rotation	Circular movement around an axis (central point). Internal rotation is toward the center of the body and external rotation is away from the center of the body.
dorsiflexion	Decreasing the angle of the ankle joint so that the foot bends backward (upward). This is the opposite movement of stepping on the gas pedal when driving a car.
plantar flexion	Motion that extends the foot downward toward the ground as when pointing the toes or stepping on the gas pedal. Plant/o means sole of the foot.
supination	As applied to the hand and forearm, the act of turning the palm up. As applied to the foot, it is outward roll of the foot during normal motion.
pronation	As applied to the hand and forearm, the act of turning the palm down. As applied to the foot, it is inward roll of the foot during normal motion.

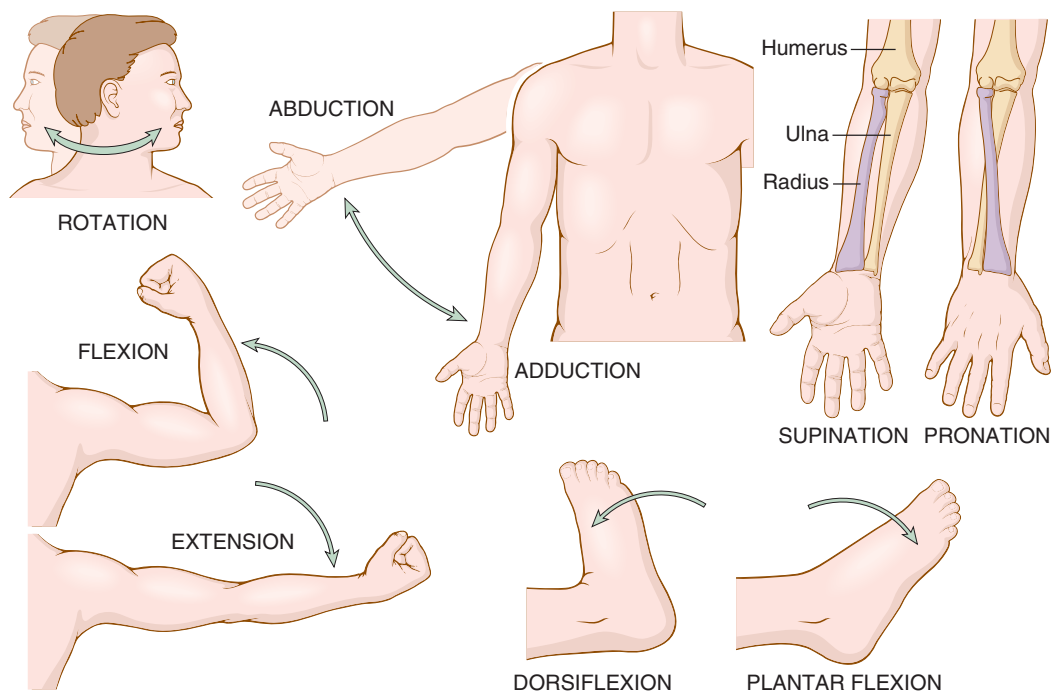


FIGURE 15-31 Types of muscular actions.



VOCABULARY—MUSCLES

This list reviews many of the new terms related to muscle introduced in the text. Short definitions reinforce your understanding of the terms. Refer to the Pronunciation of Terms on p. 645 for help with unfamiliar or difficult terms.

abduction	Movement away from the midline of the body.
adduction	Movement toward the midline of the body.
dorsiflexion	Backward (upward) bending of the foot.
extension	Straightening of a flexed limb.
fascia	Fibrous membrane separating and enveloping muscles.
flexion	Bending a limb; decreasing the angle between bones.
insertion of a muscle	Connection of the muscle to a bone that moves.
origin of a muscle	Connection of the muscle to a stationary bone.
plantar flexion	Bending the sole of the foot downward toward the ground.
pronation	Turning the palm downward.
rotation	Circular movement around a central point. Internal rotation is toward the center of the body. External rotation is away from the center of the body.
striated muscle	Muscle connected to bones; voluntary or skeletal muscle.
supination	Turning the palm upward.
visceral muscle	Muscle connected to internal organs; involuntary or smooth muscle.

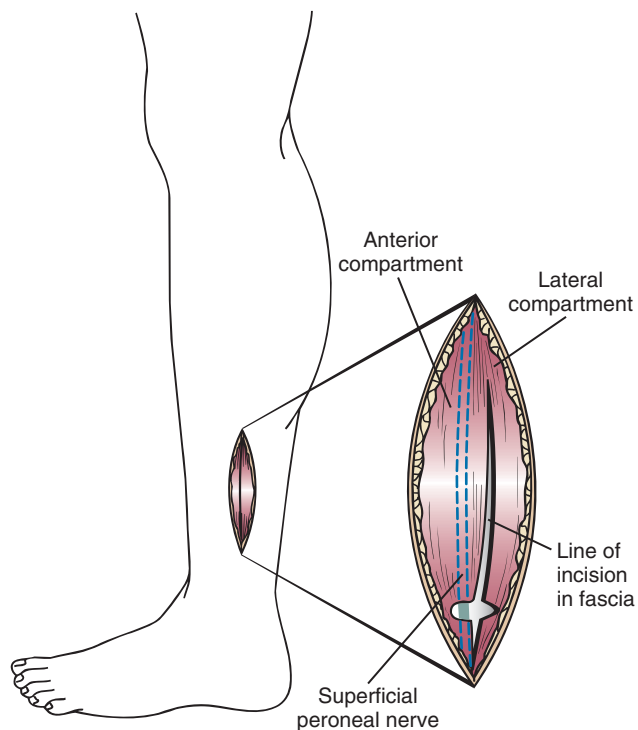


TERMINOLOGY—MUSCLES

Write the meanings of the medical terms in the spaces provided.

COMBINING FORMS

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
fasci/o	fascia (forms sheaths enveloping muscles)	<u>fasci</u> otomy _____ <i>Fascia is cut to relieve tension or pressure on muscles. See Figure 15-32.</i>	
fibr/o	fibrous connective tissue	<u>fibr</u> omyalgia _____ <i>Chronic pain and stiffness in muscles, joints, and fibrous tissue, especially of the back, shoulders, neck, hips, and knees. Fatigue is a common complaint. Cause is unknown, and treatment includes physical therapy, stress relief methods, and medications such as Cymbalta (duloxetine) and Lyrica (pregabalin).</i>	
leiomy/o	smooth (visceral) muscle that lines the walls of internal organs	<u>leiomy</u> oma _____ <u>leiomy</u> osarcoma _____	



A



B

FIGURE 15-32 A, Fasciotomy as treatment for **compartment syndrome**, which is the compression of muscle, blood vessels, and nerves inside a closed space (compartment) of the body. It most often involves the lower leg. B, Clinical photograph of fasciotomy and exposed superficial peroneal nerve.

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
my/o	muscle	<u>my</u> algia _____ electrom <u>my</u> ography _____ <u>my</u> opathy _____	
myocardi/o	heart muscle	<u>myocardial</u> _____	
mys/o	muscle	<u>myositis</u> _____	
plant/o	sole of the foot	<u>plantar</u> flexion _____	
rhabdomy/o	skeletal (striated) muscle connected to bones	<u>rhabdomyoma</u> _____ <u>rhabdomyosarcoma</u> _____	
sarc/o	muscle and flesh	<u>sarcopenia</u> _____ <i>Loss of muscle mass and strength associated with aging. Exercise and strength training can help preserve and enhance muscle mass at any age.</i>	

SUFFIXES

SUFFIX	MEANING	TERMINOLOGY	MEANING
-asthenia	lack of strength	<u>myasthenia</u> gravis _____ <i>Muscles lose strength because of a failure in transmission of the nervous impulse from the nerve to the muscle cell.</i>	
-trophy	development, nourishment	<u>atrophy</u> _____ <i>Decrease in size of an organ or tissue.</i> <u>hypertrophy</u> _____ <i>Increase in size of an organ or tissue.</i> <u>amyotrophic</u> _____ <i>In amyotrophic lateral sclerosis (Lou Gehrig disease), muscles deteriorate (paralysis occurs) as a result of degeneration of nerves in the spinal cord and lower region of the brain.</i>	

PREFIXES

PREFIX	MEANING	TERMINOLOGY	MEANING
ab-	away from	<u>ab</u> duction _____ <i>Duct/o means to lead.</i>	
ad-	toward	<u>ad</u> duction _____	
dorsi-	back	<u>dorsiflexion</u> _____	

PREFIX	MEANING	TERMINOLOGY	MEANING
poly-	many, much	polymyalgia _____ <i>Polymyalgia rheumatica is a syndrome marked by aching and morning stiffness in the shoulder, hip, or neck for longer than 1 month.</i>	

PATHOLOGY—MUSCLES

muscular dystrophy

Group of inherited diseases characterized by progressive weakness and degeneration of muscle fibers without involvement of the nervous system.

Duchenne muscular dystrophy is the most common form. Muscles appear to enlarge (**pseudohypertrophy**) as fat replaces functional muscle cells that have degenerated and atrophied. Onset of muscle weakness occurs soon after birth, and diagnosis can be made by muscle biopsy and electromyography. The disease predominantly affects males; muscle weakness produces stumbling, falling, lordosis, winged (prominent) scapulae, and cardiac problems.

polymyositis

Chronic inflammatory myopathy.

This condition is marked by symmetrical muscle weakness and pain, often accompanied by a rash around the eyes and on the face and limbs. Evidence that polymyositis is an autoimmune disorder is growing stronger, and some patients recover completely with immunosuppressive therapy.

LABORATORY TESTS AND CLINICAL PROCEDURES

LABORATORY TESTS

antinuclear antibody test (ANA)

Detects an antibody present in serum of patients with systemic lupus erythematosus (SLE) and other autoimmune diseases.

erythrocyte sedimentation rate (ESR)

Measures time it takes for erythrocytes to settle to the bottom of a test tube.

Elevated ESR is associated with inflammatory disorders such as rheumatoid arthritis, tumors, and infections, and with chronic infections of bone and soft tissue.

rheumatoid factor test (RF)

Serum is tested for the presence of an antibody found in patients with rheumatoid arthritis.

serum calcium (Ca)

Measurement of calcium level in serum.

Hypercalcemia may be caused by disorders of the parathyroid gland and malignancy that affects bone metabolism. Hypocalcemia is seen in critically ill patients with burns, sepsis, and acute renal failure.

serum creatine kinase (CK)

Measurement of the enzyme creatine kinase in serum.

This enzyme normally is present in skeletal and cardiac muscle. Increased levels occur in muscular dystrophy, polymyositis, and with traumatic injuries.

uric acid test**Measurement of uric acid in serum.**

High levels are associated with gouty arthritis.

CLINICAL PROCEDURES**arthrocentesis****Surgical puncture to remove fluid from the joint space.**

Synovial fluid is removed for analysis.

arthrography**Taking x-ray images after injection of contrast material into a joint.****arthroplasty****Surgical repair or replacement of a joint.**

Total hip arthroplasty or **total hip replacement (THR)** is replacement of the femoral head and acetabulum with prostheses that are fastened into the bone (Figure 15-33).

In a **total knee replacement (TKR)** a metal prosthesis covers the end of the femur, and a tibial component made of metal and plastic covers the tip end of the tibia. See page 625 for a clinical case showing TKR and page 626 for an *In Person* account of the procedure.

Other examples of arthroplasties are **resection arthroplasty** (small portion of a bone is removed to repair the joint; acromioclavicular joint is a common location), **interposition arthroplasty** (new tissue taken from another place is placed between damaged surface of elbow joint), and **revision arthroplasty** (an operation to replace a failing prosthetic joint).

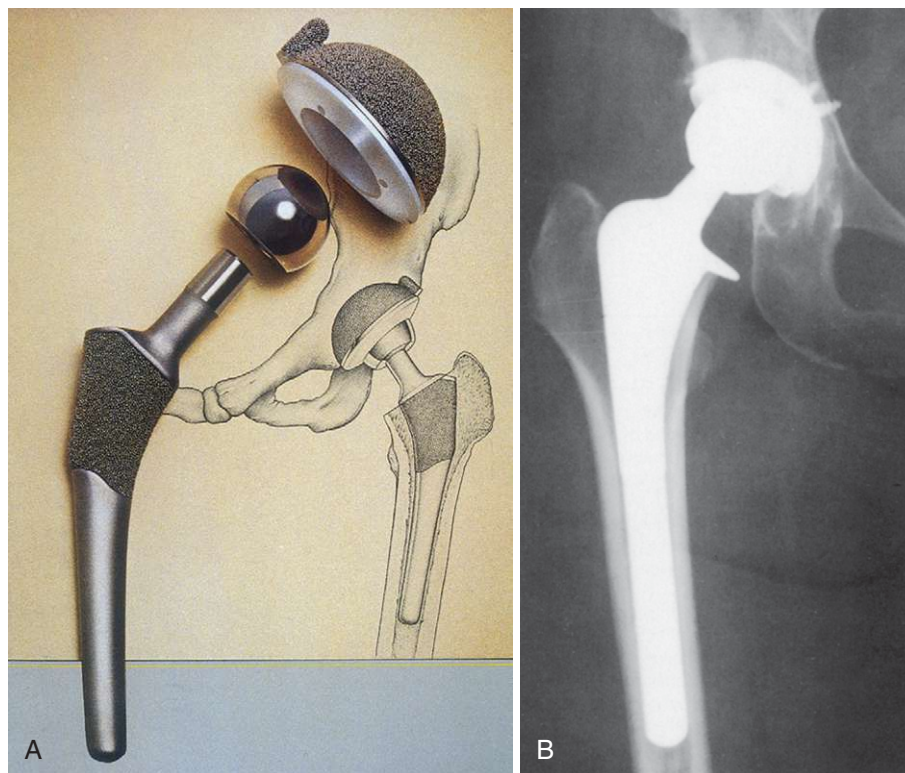


FIGURE 15-33 A, Acetabular and femoral components of a total hip arthroplasty. B, Radiograph showing a hip after a cementless Harris-Galante implant. The bone grows into the porous metal to stabilize it to the skeleton.



FIGURE 15-34 Knee arthroscopy in progress. Notice the monitor in the background. An arthroscope is used in the diagnosis and treatment of pathologic changes.

arthroscopy

Visual examination of a joint with an arthroscope and television camera.

An orthopedist passes small surgical instruments into a joint (knee, shoulder, ankle, wrist, hip) to evaluate and/or remove and repair damaged tissue (Figure 15-34).

bone density test (bone densitometry)

Low-energy x-ray absorption in bones of the spinal column, pelvis, and wrist is used to measure bone mass.

An x-ray detector measures how well x-rays penetrate through bones (Figure 15-35). Areas of decreased density indicate osteopenia and osteoporosis. Also called **dual-energy x-ray absorptiometry (DEXA or DXA)**.



FIGURE 15-35 Patient undergoing bone density test or dual energy x-ray absorptiometry (DEXA or DXA).

bone scan	<p>Uptake of a radioactive substance is measured in bone.</p> <p>A nuclear medicine physician uses a special scanning device to detect areas of increased uptake (tumors, infection, inflammation, stress fractures) (Figure 15-36).</p>
computed tomography (CT)	<p>X-ray beam and computer provide cross-sectional and other images.</p> <p>CT scans identify bone abnormalities, and musculo-skeletal trauma.</p>
diskography	<p>X-ray examination of cervical or lumbar intervertebral disk after injection of contrast into nucleus pulposus (interior of the disk).</p>
electromyography (EMG)	<p>Recording the strength of muscle contraction as a result of electrical stimulation.</p>
magnetic resonance imaging (MRI)	<p>Magnetic field creates images of soft tissue.</p> <p>MRI shows soft tissue conditions in greater detail than that achieved with CT.</p>
muscle biopsy	<p>Removal of muscle tissue for microscopic examination.</p>

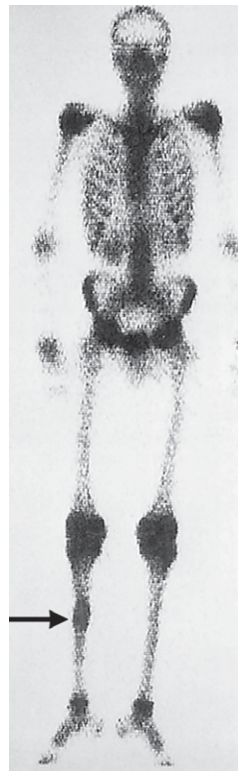


FIGURE 15-36 A technetium-99m bone scan of a skeleton showing an area of increased radioactive uptake on the right tibia (arrow) that indicates a bone tumor.



ABBREVIATIONS

AC	acromioclavicular (joint)	NSAID	nonsteroidal anti-inflammatory drug—often prescribed to treat musculoskeletal disorders
ACL	anterior cruciate ligament of the knee		
ANA	antinuclear antibody—indicator of systemic lupus erythematosus	OA	osteoarthritis
BKA	below-knee amputation	ORIF	open reduction (of fracture)/internal fixation
BMD	bone mineral density	ortho	orthopedics (<i>or</i> orthopaedics)
C1 to C7	cervical vertebrae	OT	occupational therapy—helps patients with impaired musculoskeletal function perform activities of daily living and function in work-related situations
Ca	calcium		
CK	creatine kinase—enzyme elevated in muscle disease	P	phosphorus
CMC	carpometacarpal (joint)	PT	physical therapy—helps patients regain use of muscles and joints after injury or surgery
CTS	carpal tunnel syndrome		
DEXA or DXA	dual-energy x-ray absorptiometry—a test of bone mineral density	RA	rheumatoid arthritis
DMARD	disease-modifying antirheumatic drug	RF	rheumatoid factor
DO	doctor of osteopathy	ROM	range of motion
DTRs	deep tendon reflexes	SLE	systemic lupus erythematosus
EMG	electromyography	T1 to T12	thoracic vertebrae
ESR (sed rate)	erythrocyte sedimentation rate—indicates inflammation	TKR	total knee replacement/arthroplasty
HNP	herniated nucleus pulposus	THR	total hip replacement/arthroplasty
IM	intramuscular	TMJ	temporomandibular joint
L1 to L5	lumbar vertebrae		



IN PERSON

This first-person account was written by a woman diagnosed with neurological Lyme disease.

Weeding the garden and pruning the shrubs are chores I have willingly performed many, many times with no ill effects except an occasional backache, some scratches, and the misery of poison ivy. To avoid bending over I would often kneel or sit down in the garden. In late June 2009 I not only got quite dirty, but unknowingly connected with a deer tick and developed acute neurological Lyme disease. One day shortly after working in the garden, I developed a fever and noticed a rash all over my trunk. I figured I had a summer virus that would go away in a few days. I never suspected Lyme disease. There was no tick and no telltale “bulls-eye” pattern in the rash. Indeed, I did feel fine in just a few days—the respite lasted just one day, however. The next day, I had another rash and was feeling poorly. My husband Paul drove me to the doctor’s office where a physician’s assistant took some blood and gave me a prescription for doxycycline. I had taken just four doses when my condition worsened alarmingly. I lost my balance and could barely lift my head up while lying in bed. Mental processing was slow and I was having difficulty with word finding—more than the usual memory lapses of a healthy 67-year-old. When I called the doctor’s office, I was told to stop taking the doxycycline as I could be having an allergic reaction. We went back to the doctor’s office, where I was put into an ambulance and sent to the hospital.



Neurologists and infectious disease specialists examined me over the next five days and ordered tests, e.g., an MRI (to rule out stroke), EMGs (there was delayed nerve conduction in my legs), and a lumbar puncture (spinal tap). The doctors first suspected Guillain-Barré syndrome, a scary paralyzing autoimmune disease, but the blood work indicated that my condition was Lyme disease. I learned that in Lyme disease, the bite of an infected deer tick releases a spirochete (bacterium) into the bloodstream and can affect joints, the nervous system, and other organs.

My treatment was a course of intravenous antibiotics. A PICC (peripherally inserted central catheter) was implanted in my upper arm leading to the superior vena cava to gain access to my bloodstream. I was given a prescription for a powerful antibiotic called ceftriaxone (though I was not allergic to the first antibiotic, doxycycline, after all) and I was allowed to go home. I reclined in a hospital bed in the dining room and received excellent nursing care from my husband, a college professor, who, luckily, could be at home with me 24/7. Paul carefully infused 2000 mg of ceftriaxone daily and kept the PICC sterile. He also held on to me in the bathtub where I sat on a bathtub chair and helped me wash my hair. Now that was an experience!

Physical therapists, occupational therapists, and visiting nurses came to the house over the next three weeks. I had to practice writing my name and the numbers 1 to 10. I had to coordinate getting out of bed and standing up—without holding on to the bed. I learned to walk and balance on one foot by holding on to the kitchen counter. I went up stairs slowly holding on to the banister for dear life and went down stairs on my bottom like a crab. Eventually, I had a walker, then a cane, and Paul escorted me on short trips around the top of the driveway. During this time, I also made follow-up visits to doctors. I had strength in my legs and feet but was still wobbly mentally and physically. One day I was able to walk by myself in the neighborhood—this a triumph for a woman who was used to a 3½ mile daily walk and long bike rides. I also exercised in the shallow end of our swimming pool. But I could not drive until the neurological symptoms resolved. This was the only thing Paul and I fought about! The first time he took me for a “driving test,” he flunked me. I was indignant, to say the least. In another few weeks my timing and coordination had improved and I was able to drive and begin to take long walks and bike rides once again. I also joined a health club to vary my exercise routine and have kept at it ever since. I no longer get down and dirty when I pull weeds in the garden.

*Elizabeth F. Fideler, EdD is an independent researcher and author of *Women Still at Work: Professionals Over Sixty and On the Job* (Rowman & Littlefield, 2012). She has two children and five grandchildren.*



PRACTICAL APPLICATIONS

This section contains an x-ray report, an orthopedic operating room schedule, a case report with findings presented in SOAP format, and a short clinical case. Explanations of more difficult or unfamiliar terms are given in brackets. Answers to the matching questions are found on page 640.

MEDICAL REPORT: RESULTS OF CHEST X-RAY EXAMINATION

PA [posteroanterior] and lateral chest: The heart is enlarged in its transverse diameter. The lungs are fully expanded and free of active disease.

Thoracic spine shows a scoliosis of the upper thoracic spine convex to the left. There is 50% wedge compression fracture of T6 and slight wedge compression fracture of T5. There is also anterior wedge compression fracture of T12.

Lumbar spine shows 90% compression fractures of L1 and L3 with 30% compression fractures of L2 and L5. All bones are markedly osteoporotic. There is calcification within the aortic arch. There are gallstones in the right upper quadrant. The findings in the spine are most compatible with osteoporotic compression fractures. During the procedure, the patient had a sickable [syncopal—this word was incorrectly transcribed!] episode and fell, striking her head. A skull series, done at no cost to the patient, shows no evidence of bony fracture. The pineal gland is calcified and has a midline location. The sella turcica is normal.

OPERATING ROOM SCHEDULE I

Match the operation in Column I with an accompanying diagnosis or indication for surgery from Column II.

COLUMN I		COLUMN II
1. Excision, osteochondroma, R calcaneus	_____	A. Fracture of the ankle
2. TMJ arthroscopy with probable arthrotomy	_____	B. ACL rupture
3. L4–5 laminectomy and discectomy	_____	C. Neoplastic lesion in brain
4. Arthroscopy, left knee	_____	D. Exostosis on heel bone
5. Open reduction, malleolar fracture	_____	E. Pelvic fracture
6. R occipital craniotomy with tumor resection	_____	F. Pain and malocclusion of jawbones
7. Excision, distal end right clavicle, with prob. acromioplasty	_____	G. Lower back pain radiating down one leg
8. Open reduction and internal fixation of the acetabulum	_____	H. Pain in shoulder joint with bone spur (exostosis) evident on x-ray

CASE REPORT—SOAP FORMAT: ACL INJURY

[Note: **SOAP** stands for **S**ubjective, **O**bjective, **A**ssessment, and **P**lan.]

S: Patient reports that she fell and twisted her right knee while skiing last month. She notes that she felt a “pop” and experienced immediate pain and swelling of the knee. X-ray was negative for fracture, but an MRI revealed a torn ACL [anterior cruciate ligament]. Patient underwent an ACL reconstruction using a patellar tendon autograft 1 week ago. Pain is 3/10 at rest and 6/10 during weight-bearing. Her goals are to decrease pain, walk normally, and return to prior level of functioning, including skiing and soccer.

O: *Gait:* Ambulates with Bledsoe [hinged] brace and bilateral axillary crutches.

	<i>Left</i>	<i>Right</i>
<i>Range of Motion:</i>		
Extension	0°	0°
Flexion	140°	90°
<i>Strength:</i>		
Quadriceps	5/5	3+/5
Hamstrings	5/5	4-/5
Gluteus medius	5/5	4-/5
Gluteus maximus	5/5	4-/5
Gastroc/soleus	5/5	4-/5
<i>Girth</i> (mid-patella):	15"	16"

A: Patient is a 20-year-old female presenting with signs and symptoms consistent with status post-ACL reconstruction. Impairments include gait disturbance, decreased range of motion, decreased strength, edema, pain, and decreased functional activities.

P: Treatment will include manual therapy, therapeutic exercise modalities, patient education, and gait training.

SHORT CLINICAL CASE: OA OF THE KNEE

A 65-year-old woman has been suffering from right knee joint stiffness, aching pain, and limited movement that is worse when she rises in the morning or after inactivity. She has been taking acetaminophen (Tylenol) and other NSAIDs (Motrin or Advil) to cope with the pain.

An x-ray of her knees (see Figure 15-37A) shows deterioration of articular cartilage in the right knee with narrowing of the joint space. See left knee for comparison. Surgery is recommended for TKR and was performed (see Figure 15-37B and C). Follow-up x-ray (Figure 15-37D) shows the prosthesis in place. After a successful healing of the incision and removal of surgical clips, the patient had several months of PT and is walking normally without pain.



FIGURE 15-37 A, X-ray of knees showing **osteoarthritis** in right knee. B, Patient undergoing **total knee replacement (TKR)**. C, **Prosthetic device** in place. D, X-ray of knees after TKR. (Courtesy Dr. Sidra Ezrahi and Dr. Dennis Burke, Massachusetts General Hospital, Boston.)



IN PERSON

The following is a first-person narrative describing the experience of a woman of a “certain age” (in her words) who had a knee replacement procedure.



Writing about my TKR [total knee replacement] more than two years after the operation is a singular experience. The main advantage of the passage of time is that—unlike psychic trauma, which seems to make inroads in the very structure of our brains—the release of the body from physical pain leaves amnesia in its wake. If that were not the case, no woman would ever have a second child—and no bipped a second knee replacement. I know, even if my body doesn’t remember, that I endured much pain in the aftermath of the surgery and for many weeks thereafter. In fact, unlike most other physical ailments, joint replacement necessitates working through the pain in order to regain mobility. It’s when you feel you simply cannot bend it any more that you “start” working. ... So the pain is actually functional, and rather relentless. And yet I know—and accept—that sometime in the not-too-distant future, my left knee will follow my right in seeking a replacement. And that is because the osteoarthritis that depleted the first is depleting the second, and all my glucosamine-chondroitin pills, my quad exercises, my frequent massages, and even my nightshade-free diet are at best only putting off by several months or a year the inevitable.

I had endured many years of diminishing mobility in my right leg, alleviated somewhat by occasional cortisone shots and two arthroscopic surgeries (while stitching the second arthroscopic wound, my Israeli orthopedist said, “Nothing more to be done with this one ... next stop: total knee replacement!”) With all the research that I did in preparation for the Big Surgery, I became convinced—and still hold some version of this conviction—that TKR entails sawing the leg in two, like Houdini’s blonde assistant in the box, and then screwing it back together with better screws. It didn’t change that image much when my orthopedic surgeon at MGH [Massachusetts General Hospital], Dr. Dennis Burke, surely the best in his field in the universe, assured me that he is, in his spare time, a master carpenter. ...

Okay—as this narrative demonstrates, the truth is a bit more complex and less grotesque. Still the procedure is very radical and involves major trauma to all the supporting muscles, tendons, nerves, and blood vessels. Hence a long period of recuperation is involved. I took advantage of the extra day that was offered to me at MGH (bless Medicare!) for a total hospitalization of five days, during which I had to learn how to perform the most basic functions in new ways. I found, after many trials, that a walker is preferable to crutches. Both are hard on the hands but the walker is more stable, and the attachable basket is a boon.

For those of a “certain age” who are contemplating TKR, the question of where to do the rehab is crucial. If, as I did, you have the conditions to recover at home, that is preferable. The necessary conditions are, first, a partner or caregiver who is available 24/7 for the first few days and who doesn’t decide to take a prolonged vacation after that ... The second relates to the physical conditions at home. Preferably the living area should all be on one level; although climbing stairs becomes one of the protocols of physical therapy, it takes a while to get to that point, and one is not very steady until that time. Easy access to bathrooms and to other living areas is crucial. The third necessary condition is the availability of the physical therapist. Living in the summer and fall months in rural New Hampshire, I was fortunate to qualify for the services of the local VNA [Visiting Nurse Association], and a marvelous physical therapist visited me three times a week for about six weeks. In between visits, I worked hard to win her approval and, although it seemed at first like tackling Everest to lift my leg even one inch off the floor, let alone walk, within about six weeks I could drive, even if I was getting around outside with crutches; within two months I had regained good mobility, and six months later I was as good as new, and ever so grateful. ...

Although I consider this procedure to be nothing short of miraculous, like any major elective surgery, one should not undertake it unless the pain of daily life outweighs its joys. ... when the doctors ask you about the pain, on a scale of 1 to 10, take them seriously. Don’t undergo this surgery until it hovers around 8 or 9 ... And then—well, enjoy the results!

Sidra DeKoven Ezrahi is a professor of Comparative Literature at the Hebrew University and is a Guggenheim Fellow. She divides her time between Jerusalem, Israel and Wilmot, New Hampshire.



EXERCISES

Remember to check your answers carefully with the Answers to Exercises, page 638.

A Complete the following sentences.

1. Bones are composed of a type of connective tissue called _____ tissue.
2. Bone cells are called _____.
3. The bones of a fetus are composed mainly of _____.
4. Immature bone cells called _____ produce bony tissue.
5. Large bone cells called _____ digest bone tissue to shape the bone and smooth it out.
6. Mineral substances needed for bone development are _____ and _____.
7. Round, small bone covering the knee joint is a/an _____ bone.
8. Shaft of a long bone is the _____.
9. Ends of a long bone are the _____.
10. Cartilaginous area at the end of a long bone where growth takes place is the _____.
11. Red bone marrow is found in spongy or _____ bone.
12. Yellow bone marrow is composed of _____ tissue.
13. The strong membrane surrounding the surface of a bone is the _____.
14. Hard, dense bone tissue lying under the periosteum is _____.
15. A series of canals containing blood vessels lie within the outer dense tissue of bone and are called the _____ canals.
16. A thin layer of cartilage covering the ends of bones at the joints is _____.
17. The _____ is a central, hollowed-out area in the shaft of long bones.
18. Two physicians who treat bones and bone diseases are a/an _____ and a/an _____.
19. A practitioner who manipulates the patient's spinal column to relieve pressure on nerves is a/an _____.
20. Medical doctor who specializes in restoring patients to functional activity after injuries to bones, nerves, and muscles is a/an _____.

B Match the following cranial and facial bones with their meanings as given below.

ethmoid bone
frontal bone
lacrimal bones
mandible

maxilla
nasal bone
occipital bone
parietal bone

sphenoid bone
temporal bone
vomer
zygomatic bone

1. forms the roof and upper side parts of the skull _____
2. delicate bone, composed of spongy, cancellous tissue; supports the nasal cavity and orbits of the eye _____
3. forms the back and base of the skull _____
4. forms the forehead _____
5. bat-shaped bone extending behind the eyes to form the base of the skull _____
6. bone near the ear and connecting to the lower jaw _____
7. cheekbone _____
8. bone that supports the bridge of the nose _____
9. thin, flat bone forming the lower portion of the nasal septum _____
10. lower jawbone _____
11. upper jawbone _____
12. two paired bones, one located at the corner of each eye _____

C Identify the following parts associated with a vertebra. See Figure 15-7, page 586.

1. space through which the spinal cord passes _____
2. piece of cartilage between two vertebrae _____
3. posterior part of a vertebra _____
4. anterior part of a vertebra _____

D Name the five divisions of the spinal column.

1. _____
2. _____
3. _____
4. _____
5. _____

E Give the medical names of the following bones.

1. shoulder blade _____
2. upper arm bone _____
3. breastbone _____
4. thigh bone _____
5. finger bones _____
6. hand bones _____
7. forearm bone (little finger side) _____
8. forearm bone (thumb side) _____
9. collar bone _____
10. wrist bones _____
11. backbone _____
12. kneecap _____
13. shin bone (larger of two lower leg bones) _____
14. smaller of two lower leg bones _____
15. three parts of the pelvis _____, _____, and

16. midfoot bones _____

F Give the meanings of the following terms associated with bones.

1. foramen magnum _____
2. calcaneus _____
3. acromion _____
4. xiphoid process _____
5. lamina _____
6. malleolus _____
7. acetabulum _____
8. pubic symphysis _____
9. olecranon _____
10. fontanelle _____
11. mastoid process _____
12. styloid process _____

G Give the meanings of the following terms.

1. osteogenesis _____
2. hypercalcemia _____
3. spondylosis _____
4. epiphyseal _____
5. decalcification _____
6. ossification _____
7. osteitis _____
8. costoclavicular _____

H Build medical terms for the following definitions.

1. pertaining to the shoulder blade _____
2. instrument to cut the skull _____
3. pertaining to the upper arm bone _____
4. pertaining to below the kneecap _____
5. softening of cartilage _____
6. pertaining to a toe bone _____
7. removal of hand bones _____
8. pertaining to the shin bone _____
9. pertaining to the heel bone _____
10. poor bone development _____
11. removal of the lamina of the vertebral arch _____
12. pertaining to the sacrum and ilium _____

I Give medical terms for the following.

1. formation of bone marrow _____
2. clubfoot _____
3. humpback _____
4. high levels of calcium in the blood _____
5. benign tumors arising from the bone surface _____
6. brittle bone disease _____
7. lateral curvature of the spine _____
8. anterior curvature of the spine _____
9. forward slipping (subluxation) of a vertebra over a lower vertebra _____
10. instrument to cut bone _____

J Give the meanings of the following terms.

1. osteoporosis _____
2. osteomyelitis _____
3. osteogenic sarcoma _____
4. crepitus _____
5. osteomalacia _____
6. abscess _____
7. osteopenia _____
8. Ewing sarcoma _____
9. metastatic bone lesion _____
10. compound fracture _____
11. simple fracture _____
12. open reduction _____

K Complete the following sentences.

1. Immovable joint, as in the skull bones, is called a _____.
2. Connective tissue that binds muscles to bones is a/an _____.
3. Another term for a joint is a/an _____.
4. Connective tissue that binds bones to other bones is a/an _____.
5. Fluid found in a joint is called _____.
6. The membrane that lines the joint cavity is the _____.
7. Sac of fluid near a joint is a/an _____.
8. Smooth cartilage that covers the surface of bones at joints is _____.
9. Surgical repair of a joint is called _____.
10. Inflammation surrounding a joint is known as _____.

L Complete the following terms based on the definitions provided.

1. inflammation of a tendon: _____itis
2. tumor (benign) of cartilage: _____oma
3. tumor (malignant) of cartilage: _____oma
4. incision of a joint: arthr_____
5. softening of cartilage: chondro_____
6. abnormal condition of blood in the joint: _____osis
7. inflammation of a sac of fluid near the joint: _____itis
8. doctor who specializes in treatment of joint disorders: _____logist
9. abnormal condition of a stiffened, immobile joint: _____osis
10. suture of a tendon: ten_____

M Select from the following terms to name the abnormal conditions described below.

achondroplasia	dislocation	osteoarthritis
ankylosing spondylitis	ganglion cyst	rheumatoid arthritis
bunion	gouty arthritis	systemic lupus erythematosus
carpal tunnel syndrome	Lyme disease	tenosynovitis

1. an inherited condition in which the bones of the arms and the legs fail to grow normally because of a defect in cartilage and bone formation; type of dwarfism _____
2. degenerative joint disease; chronic inflammation of bones and joints _____
3. inflammation of joints caused by excessive uric acid in the body (hyperuricemia) _____
4. chronic joint disease; inflamed and painful joints owing to autoimmune reaction against normal joint tissue, and synovial membranes become swollen and thickened _____
5. tick-borne bacterium causes this condition marked by arthritis, myalgia, malaise, and neurologic and cardiac symptoms _____
6. abnormal swelling of a metatarsophalangeal joint _____
7. cystic mass arising from a tendon in the wrist _____
8. chronic, progressive arthritis with stiffening of joints, especially of the spine (vertebrae) _____
9. chronic inflammatory disease affecting not only the joints but also the skin (butterfly rash on the face), kidneys, heart, and lungs _____
10. inflammation of a tendon sheath _____
11. compression of the median nerve in the wrist as it passes through an area between a ligament tendons, bones, and connective tissue _____
12. displacement of a bone from its joint _____

N Give the meanings of the following terms.

1. subluxation _____
2. arthrodesis _____
3. pyrexia _____
4. podagra _____
5. sciatica _____

6. herniation of an intervertebral disk _____
7. laminectomy _____
8. sprain _____
9. strain _____
10. hyperuricemia _____
11. fasciotomy _____

Circle the term that best fits the given definition.

1. fibrous membrane separating and enveloping muscles: (**fascia, flexion**)
2. movement away from the midline of the body: (**abduction, adduction**)
3. connection of the muscle to a stationary bone: (**insertion, origin**) of the muscle
4. connection of the muscle to a bone that moves: (**insertion, origin**) of the muscle
5. muscle that is connected to internal organs; involuntary muscle: (**skeletal, visceral**) muscle
6. muscle that is connected to bones; voluntary muscle: (**skeletal, visceral**) muscle
7. pain of many muscles: (**myositis, polymyalgia**)
8. pertaining to heart muscle: (**myocardial, myasthenia**)
9. process of recording electricity within muscles: (**muscle biopsy, electromyography**)
10. increase in development (size) of an organ or tissue: (**hypertrophy, atrophy**)

P Match the term for muscle action in Column I with its meaning in Column II. Write the letter of your answer in the space provided.

COLUMN I

1. extension _____
2. rotation _____
3. flexion _____
4. adduction _____
5. supination _____
6. abduction _____
7. pronation _____
8. dorsiflexion _____
9. plantar flexion _____

COLUMN II

- A. movement away from the midline
- B. turning the palm down
- C. turning the palm up
- D. straightening out a limb or joint
- E. bending the sole of the foot downward
- F. circular movement around an axis
- G. bending a limb
- H. movement toward the midline
- I. backward (upward) bending of the foot

Q Give the meanings of the following abnormal conditions affecting muscles.

1. leiomyosarcoma _____
2. rhabdomyoma _____
3. polymyositis _____
4. fibromyalgia _____
5. muscular dystrophy _____
6. myasthenia gravis _____
7. amyotrophic lateral sclerosis _____
8. sarcopenia _____

R Match the term in Column I with its meaning in Column II. Write the letter of your answer in the space provided.

COLUMN I

1. antinuclear antibody test _____
2. serum creatine kinase _____
3. uric acid test _____
4. rheumatoid factor test _____
5. bone scan _____
6. muscle biopsy _____
7. arthroscopy _____
8. acetylcholine _____
9. calcium _____
10. arthrography _____

COLUMN II

- A. Radioactive substance is injected and traced in dense, hard connective tissue.
- B. Chemical found in myoneural space.
- C. Test for presence of an antibody found in the serum of patients with rheumatoid arthritis.
- D. Substance necessary for proper bone development.
- E. Visual examination of a joint.
- F. Test tells if patient has gouty arthritis.
- G. Test tells if patient has systemic lupus erythematosus.
- H. Removal of soft connective tissue for microscopic examination.
- I. Process of taking x-ray pictures of a joint.
- J. Elevated blood levels of this enzyme are found in muscular disorders.

S Circle the term that best completes the meaning of the sentence.

1. Selma, a 40-year-old secretary, had been complaining of wrist pain with tingling sensations in her fingers for months. Dr. Ayres diagnosed her condition as (**osteomyelitis, rheumatoid arthritis, carpal tunnel syndrome**).
2. Bill was a marathon runner who developed compartment syndrome in his left lower leg (calf). He had severe pain, and his orthopedist recommended (**tenorrhaphy, arthroplasty, fasciotomy**) to cut through the fibrous connective tissue and relieve pressure. A skin graft was needed later to close the wound.
3. Sally was experiencing chronic muscle pain and stiffness in her shoulder, back, knees, and hips. Most of all she was very tired all the time. Her doctor diagnosed her condition as (**myasthenia gravis, fibromyalgia, sarcopenia**) and prescribed medication for fatigue and pain plus physical therapy.

4. Paul had a skiing accident and tore ligaments in his knee. Dr. Miller recommended (**electromyography, hypertrophy, arthroscopic surgery**) to repair the ligaments.
5. For several months after her first pregnancy Elsie noticed a red rash on her face and cheeks. Her joints were giving her pain and she had a slight fever. Her ANA was elevated and her doctor suspected that she had (**SLE, polymyositis, muscular dystrophy**).
6. David injured his left knee while playing basketball. He was scheduled for arthroscopic repair of his (**ACL, SLE, TMJ**). However, because of his height and the length of the ligament, his (**rheumatologist, orthopedist, chiropractor**) decided to do “open” surgery.
7. James has significant lower back pain radiating down his left leg. This condition is called (**fibromyalgia, sciatica, talipes**). MRI shows an intervertebral (**disk, bunion, exostosis**) impinging on spinal nerves at the (**L5–S1, C2–C3, T3–T5**) level. Bed rest produced no improvement. His orthopedist decided to perform a (**tenorrhaphy, microdiscectomy, bunionectomy**) to relieve pressure on his nerves.
8. Bruce spent 2 weeks hiking and vacationing on Nantucket Island. A week later he developed a “bull’s-eye” rash on his chest (from a tick bite), fever, muscle pain, and a swollen, tender right ankle. His physician ordered a blood test that revealed (**antigens, antibodies**) to a spirochete bacterium. The physician told Bruce he had contracted (**ankylosing spondylitis, polymyositis, Lyme disease**).
9. Scott likes to eat rich food. Lately he has noticed pain and tenderness in his right toe, called (**talipes, podagra, rickets**), and also hard, lumpy deposits over his elbows. His doctor orders a serum uric acid test; the result is abnormally high, revealing (**hemarthrosis, hyperuricemia, hypercalcemia**), consistent with a diagnosis of (**rheumatoid arthritis, gouty arthritis, osteoarthritis**).
10. Sara, a 70-year-old widow, has persistent midback pain, and her (**CXR, ESR, EMG**) shows compression fractures of her (**scapula, femur, vertebrae**) and thinning of her bones. A bone density scan confirms the diagnosis of (**osteomyelitis, osteomalacia, osteoporosis**), and her doctor prescribes calcium, vitamin D, and Fosamax.

T Give meanings for the abbreviations in Column I. Then select the letter in Column II of the best association for each.

COLUMN I

1. ROM _____
2. NSAID _____
3. TMJ _____
4. EMG _____
5. ACL _____
6. SLE _____
7. C1 to C5 _____
8. T1 to T12 _____
9. THR _____
10. ORIF _____

COLUMN II

- A. Connection between the lower jawbone and a bone of the skull
- B. Band of fibrous tissue connecting bones in the knee
- C. Bones of the spinal column in the chest region
- D. Test of strength of electrical transmission within muscle
- E. This autoimmune disease affects joints, skin, and other body tissues
- F. Measurement in degrees of a circle assesses the extent a joint can be flexed or extended
- G. Bones of the spinal column in the neck region
- H. Drug used to treat joint diseases
- I. Procedure to repair compound fracture
- J. Arthroplasty

U Match the images in Figure 15-38 with the descriptions below, and give a medical term for the abnormal condition.

1. Children who are born with a condition of muscle deterioration and wasting have winged scapulae _____
2. Children are born with this deformity of the talus _____
3. This deformity is often the result of a chronic, inflammatory, autoimmune disorder that affects joints, leading to bony ankylosis and inflamed, thickened synovial membranes _____
4. Bleeding disorders can lead to this accumulation of blood in and around a joint _____
5. Inflammation of a bursa causes this abnormality _____
6. Fluid-filled cyst arising from joint capsules or tendons _____

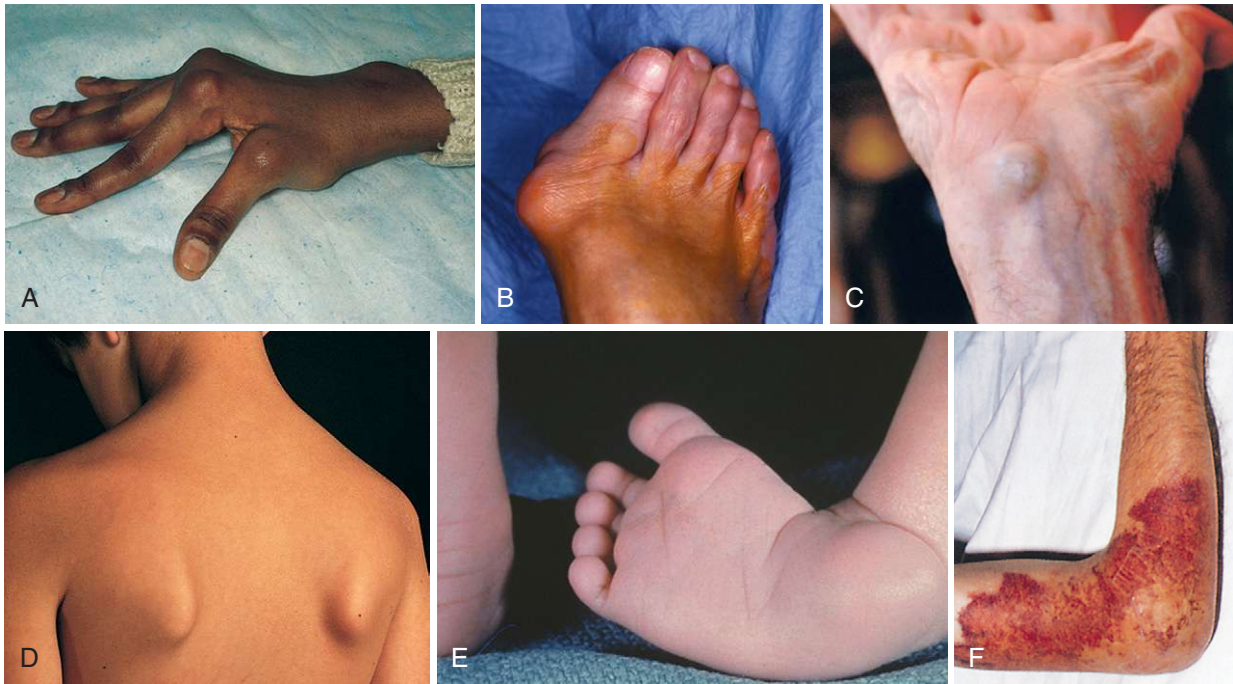


FIGURE 15-38 **A**, From Swartz MH: *Textbook of Physical Diagnosis, History and Examination*, 5th ed., Philadelphia, Saunders, 2006; **B** and **E**, from Canale ST, Beaty JH: *Campbell's Operative Orthopaedics*, 11th ed., St. Louis, Mosby, 2008; **C**, Courtesy Dr. Nouna M. Simon; **D**, from Zitelli BJ, Davis HW: *Atlas of Pediatric Physical Diagnosis*, 5th ed., St. Louis, Mosby, 2007; **F**, from Moll JMH: *Rheumatology*, 2nd ed., London, Churchill Livingstone, 1997.

ANSWERS TO EXERCISES

A

- | | | |
|---------------------------|------------------------------|-------------------------------|
| 1. osseous | 8. diaphysis | 15. haversian |
| 2. osteocytes | 9. epiphyses | 16. articular cartilage |
| 3. cartilage | 10. epiphyseal plate | 17. medullary cavity |
| 4. osteoblasts | 11. cancellous or trabecular | 18. orthopedist and osteopath |
| 5. osteoclasts | 12. fat | 19. chiropractor |
| 6. calcium and phosphorus | 13. periosteum | 20. physiatrist |
| 7. sesamoid | 14. compact bone | |

B

- | | | |
|-------------------|-------------------|--------------------|
| 1. parietal bone | 5. sphenoid bone | 9. vomer |
| 2. ethmoid bone | 6. temporal bone | 10. mandible |
| 3. occipital bone | 7. zygomatic bone | 11. maxilla |
| 4. frontal bone | 8. nasal bone | 12. lacrimal bones |

C

- | | |
|------------------------|-------------------|
| 1. neural canal | 3. vertebral arch |
| 2. intervertebral disk | 4. vertebral body |

D

- | | |
|-------------|--------------|
| 1. cervical | 4. sacral |
| 2. thoracic | 5. coccygeal |
| 3. lumbar | |

E

- | | | |
|----------------|----------------------|---------------------------|
| 1. scapula | 7. ulna | 12. patella |
| 2. humerus | 8. radius | 13. tibia |
| 3. sternum | 9. clavicle | 14. fibula |
| 4. femur | 10. carpals | 15. ilium, ischium, pubis |
| 5. phalanges | 11. vertebral column | 16. metatarsals |
| 6. metacarpals | | |

F

- | | | |
|---|--|--|
| 1. opening of the occipital bone through which the spinal cord passes | 6. the bulge on either side of the ankle joint; the lower end of the fibula is the lateral malleolus, and the lower end of the tibia is the medial malleolus | 9. bony process at the proximal end of the ulna; elbow joint |
| 2. heel bone; largest of the tarsal bones | 7. depression in the pelvis into which the femur fits | 10. soft spot between the bones of the skull in an infant |
| 3. lateral extension of the scapula | 8. area of convergence of the two pubis bones, at the midline | 11. round process on the temporal bone behind the ear |
| 4. lower portion of the sternum | | 12. pole-like process projecting downward from the temporal bone |
| 5. portion of the vertebral arch | | |

G

- | | | |
|--|---|---|
| 1. formation of bone; osteogenesis imperfecta is known as brittle bone disease | 3. abnormal condition of the vertebrae; degenerative changes in the spine | 7. inflammation of bone; osteitis deformans (Paget disease) causes deformed bones such as an enlarged skull |
| 2. excessive calcium in the blood | 4. pertaining to the epiphysis | 8. pertaining to the ribs and clavicle |
| | 5. removal of calcium from bones | |
| | 6. formation of bone | |

H

- | | | |
|----------------|-------------------|--------------------|
| 1. scapular | 5. chondromalacia | 9. calcaneal |
| 2. craniotome | 6. phalangeal | 10. osteodystrophy |
| 3. humeral | 7. metacarpectomy | 11. laminectomy |
| 4. subpatellar | 8. tibial | 12. sacroiliac |

I

1. myelopoiesis
2. talipes
3. kyphosis
4. hypercalcemia

5. exostoses
6. osteogenesis imperfecta
7. scoliosis

8. lordosis
9. spondylolisthesis
10. osteotome

J

1. increased porosity in bone; decrease in bone density
2. inflammation of bone and bone marrow
3. cancerous tumor of bone; osteoblasts multiply at the ends of long bones
4. crackling sensation as broken bones move against each other

5. softening of bones; rickets in children due to loss of calcium in bones
6. collection of pus
7. deficiency of bone; precursor of osteoporosis
8. malignant tumor of bone in children, often involving the entire shaft of a long bone

9. malignant tumor that has spread to bone from the breast, lung, kidney, or prostate gland
10. break in bone with wound in skin
11. break in bone without wound in skin
12. bone is put in proper place after incision of the skin

K

1. suture joint; a synovial joint is a freely movable joint
2. tendon
3. articulation

4. ligament
5. synovial fluid
6. synovial membrane
7. bursa

8. articular cartilage
9. arthroplasty
10. peri arthritis

L

1. tendinitis or tendonitis
2. chondroma
3. chondrosarcoma
4. arthrotomy

5. chondromalacia
6. hemarthrosis
7. bursitis

8. rheumatologist
9. ankylosis
10. tenorrhaphy

M

1. achondroplasia
2. osteoarthritis
3. gouty arthritis
4. rheumatoid arthritis

5. Lyme disease
6. bunion
7. ganglion cyst
8. ankylosing spondylitis

9. systemic lupus erythematosus
10. tenosynovitis
11. carpal tunnel syndrome
12. dislocation

N

1. partial or incomplete displacement of a bone from the joint
2. surgical fixation of a joint (binding it together by fusing the joint surfaces)
3. fever; increase in body temperature
4. pain in a big toe from gouty arthritis

5. pain radiating from the back to the leg (along the sciatic nerve); most commonly caused by a protruding intervertebral disk
6. protrusion of a disk into the neural canal or the spinal nerves
7. removal of a portion of the vertebral arch (lamina) to relieve

- pressure from a protruding intervertebral disk
8. trauma to a joint with pain, swelling, and injury to ligaments
9. overstretching of a muscle
10. high levels of uric acid in the bloodstream; present in gouty arthritis
11. incision of fascia

O

1. fascia
2. abduction
3. origin of the muscle
4. insertion of the muscle

5. visceral muscle
6. skeletal muscle
7. polymyalgia

8. myocardial
9. electromyography
10. hypertrophy

P

1. D
2. F
3. G

4. H
5. C
6. A

7. B
8. I
9. E

Q

- | | | |
|---|--|---|
| 1. malignant tumor of smooth (involuntary, visceral) muscle | 4. pain of muscle and fibrous tissue (especially of the back); also called fibrositis or rheumatism | at the connection between the nerve and the muscle cell |
| 2. benign tumor of striated (voluntary, skeletal) muscle | 5. group of inherited muscular diseases marked by progressive weakness and degeneration of muscles without nerve involvement | 7. muscles degenerate (paralysis occurs) owing to degeneration of nerves in the spinal cord and lower region of the brain; Lou Gehrig disease |
| 3. inflammation of many muscles; polymyositis rheumatica is a chronic inflammatory condition causing muscle weakness and pain | 6. loss of strength of muscles (often with paralysis) because of a defect | 8. deficiency of flesh (muscle mass) |

R

- | | | |
|------|------|-------|
| 1. G | 5. A | 8. B |
| 2. J | 6. H | 9. D |
| 3. F | 7. E | 10. I |
| 4. C | | |

S

- | | | |
|---------------------------|--|--|
| 1. carpal tunnel syndrome | 5. SLE | 8. antibodies; Lyme disease |
| 2. fasciotomy | 6. ACL; orthopedist | 9. podagra; hyperuricemia; gouty arthritis |
| 3. fibromyalgia | 7. sciatica; disk; L5–S1; microdisectomy | 10. CXR; vertebrae; osteoporosis |
| 4. arthroscopic surgery | | |

T

- | | | |
|---|--|--|
| 1. range of motion: F | 5. anterior cruciate ligament: B | 8. first thoracic vertebra to twelfth thoracic vertebra: C |
| 2. nonsteroidal anti-inflammatory drug: H | 6. systemic lupus erythematosus: E | 9. total hip replacement: J |
| 3. temporomandibular joint: A | 7. first cervical vertebra to fifth cervical vertebra: G | 10. open reduction, internal fixation: I |
| 4. electromyography: D | | |

U

- | | | |
|---|----------------------------|---------------------|
| 1. D: winged scapulae in muscular dystrophy | 3. A: rheumatoid arthritis | 5. B: bunion |
| 2. E: clubfoot—talipes | 4. F: hemarthrosis | 6. C: ganglion cyst |

Answers to Practical Applications

Operating Room Schedule

- | | | |
|------|------|------|
| 1. D | 3. G | 6. C |
| 2. F | 4. B | 7. H |
| | 5. A | 8. E |



PRONUNCIATION OF TERMS

To test your understanding of the terminology in this chapter, write the meaning of each term in the space provided. In addition, you may wish to cover the terms and write them by looking at your definitions. Make sure your spelling is correct. The page number after each term indicates where it is defined or used in the book, so you can easily check your responses. You will find complete definitions for all of these terms and their audio pronunciations on the Evolve website.

Pronunciation Guide

ā as in āpe	ă as in ăpple
ē as in ēven	ě as in ěvery
ī as in īce	ĩ as in ĩnterest
ō as in ōpen	ő as in pőt
ū as in ūnit	ű as in űnder

Terms Related to Bones

TERM	PRONUNCIATION	MEANING
acetabular (596)	ă-cĕ-TĂB-ŭ-lăr	_____
acetabulum (592)	ăs-ĕ-TĂB-ŭ-lŭm	_____
acromion (592)	ă-KRŌ-mĕ-ŏn	_____
articular cartilage (592)	ăr-TĪK-ŭ-lăr KĂR-tĭ-lăj	_____
bone (592)	BŌN	_____
bone depression (592)	BŌN dĕ-PRĕ-shŭn	_____
bone process (592)	BŌN PRŌ-sĕs	_____
calcaneal (596)	kăl-KĀ-nĕ-ăl	_____
calcaneus (596)	kăl-KĀ-nĕ-ŭs	_____
calcium (592)	KĂL-sĕ-ŭm	_____
cancellous bone (592)	KĂN-sĕ-lŭs bŏn	_____
carpals (596)	KĂR-pălz	_____
cartilage (592)	KĂR-tĭ-lĭj	_____
cervical vertebrae (587)	SĔR-vĭ-kăl VĔR-tĕ-bră	_____
chondrocostal (597)	kŏn-drŏ-KŌS-tăl	_____
clavicle (597)	KLĂV-ĭ-kl	_____
coccyx (587)	KŌK-sĭks	_____
collagen (592)	KŌL-ă-jĕn	_____
compact bone (592)	KŌM-păkt bŏn	_____
cranial bones (592)	KRĀ-nĕ-ăl bŏnz	_____
craniotome (597)	KRĀ-nĕ-ŏ-tŏm	_____
craniotomy (597)	kră-nĕ-ŌT-ŏ-mĕ	_____

TERM	PRONUNCIATION	MEANING
crepitus (599)	KRĚP-ĭ-tŭs	_____
decalcification (594)	dē-kāl-sĭ-fĭ-KĀ-shŭn	_____
diaphysis (592)	dĭ-ĀF-ĭ-sĭs	_____
disk (592)	dĭsk	_____
epiphyseal plate (592)	ĕp-ĭ-FĪZ-ē-ăl plăt	_____
epiphysis (592)	ĕ-PĪF-ĭ-sĭs	_____
ethmoid bone (583)	ĚTH-moyd bôn	_____
Ewing sarcoma (598)	Ū-ĭng sār-KŌ-mă	_____
exostosis (598)	ĕk-sôs-TŌ-sĭs	_____
facial bones (592)	FĀ-shăl bônz	_____
femoral (597)	FĚM-ôr-ăl	_____
femur (597)	FĚ-mŭr	_____
fibula (597)	FĪB-ŭ-lă	_____
fibular (597)	FĪB-ŭ-lăr	_____
fontanelle (592)	fôn-tă-NĚL	_____
foramen magnum (592)	fôr-Ā-mĕn MĀG-nŭm	_____
fracture (599)	FRĀK-shur	_____
frontal bone (583)	FRŌN-tăl bôn	_____
haversian canals (593)	hă-VĚR-zhăn kă-NĀLZ	_____
humeral (597)	HŪ-mĕr-ăl	_____
humerus (597)	HŪ-mĕr-ŭs	_____
hypercalcemia (594)	hĭ-pĕr-kāl-SĚ-mē-ă	_____
iliac (597)	ĪL-ē-ăk	_____
ilium (597)	ĪL-ē-ŭm	_____
ischial (597)	ĪSH-ē-ăl <i>or</i> ĪS-kē-ăl	_____
ischium (597)	ĪSH-ē-ŭm <i>or</i> ĪS-kē-ŭm	_____
kyphosis (594)	kĭ-FŌ-sĭs	_____
lacrimal bones (584)	LĀ-krĭ-măl bônz	_____
lamina (586)	LĀM-ĭ-nă	_____
laminectomy (594)	lăm-ĭ-NĚK-tō-mē	_____
lordosis (594)	lôr-DŌ-sĭs	_____

TERM	PRONUNCIATION	MEANING
lumbar vertebrae (587)	LŮM-bār VĚR-tě-brā	_____
lumbosacral (595)	lŭm-bō-SĀ-krāl	_____
malleolar (597)	mă-LĚ-ō-lār	_____
malleolus (593)	măl-LĚ-ō-lŭs	_____
mandible (597)	MĀN-dī-bl	_____
mandibular (597)	măn-DĪB-ŭ-lār	_____
manubrium (593)	mă-NOO-brē-ŭm	_____
mastoid process (593)	MĀS-toyd PRŌS-ēs	_____
maxilla (597)	măk-SĪL-ă	_____
maxillary (597)	măk-sī-LĀR-ē	_____
medullary cavity (593)	MĚD-ŭ-lār-ē KĀ-vī-tē	_____
metacarpals (597)	mět-ă-KĀR-pālz	_____
metacarpectomy (597)	mět-ă-kār-PĚK-tō-mē	_____
metaphysis (593)	mě-TĀ-fī-sīs	_____
metatarsalgia (597)	mět-ă-tār-SĀL-jă	_____
metatarsals (597)	mět-ă-TĀR-sālz	_____
myelopoiesis (595)	mī-ē-lō-poy-Ē-sīs	_____
nasal bones (584)	NĀ-zāl bōnz	_____
occipital bone (583)	ök-SĪP-ī-tāl bōn	_____
olecranal (597)	ō-LĚK-ră-nāl	_____
olecranon (593)	ō-LĚK-ră-nōn	_____
orthopedics (595)	ör-thō-PĒ-dīks	_____
osseous tissue (593)	ŌS-ē-ŭs TĪSH-ŭ	_____
ossification (593)	ös-ī-fī-KĀ-shŭn	_____
osteitis (595)	ös-tē-Ī-tīs	_____
osteoblast (593)	ŌS-tē-ō-blăst	_____
osteoclast (593)	ŌS-tē-ō-klăst	_____
osteodystrophy (595)	ös-tē-ō-DĪS-trō-fē	_____
osteogenesis imperfecta (595)	ös-tē-ō-JĚN-ē-sīs īm-pěr-FĚK-tă	_____
osteogenic sarcoma (600)	ös-tē-ō-JĚN-ik sār-KŌ-mă	_____

TERM	PRONUNCIATION	MEANING
osteomalacia (600)	ös-tē-ō-mă-LĀ-shă	_____
osteomyelitis (600)	ös-tē-ō-mī-ě-LĪ-tīs	_____
osteopenia (600)	ös-tē-ō-PĒ-nē-ă	_____
osteoporosis (600)	ös-tē-ō-pör-Ō-sīs	_____
osteotome (596)	ÖS-tē-ō-tōm	_____
parietal bone (583)	pă-RĪ-ě-tăl bôn	_____
patella (597)	pă-TĚL-ă	_____
pelvimetry (597)	pěl-VĪM-ě-trē	_____
periosteum (593)	pě-rē-ÖS-tē-üm	_____
peroneal (598)	pěr-ō-NĒ-ăl	_____
phalangeal (598)	fă-lăn-JĚ-ăl	_____
phalanges (598)	fă-LĂN-jēz	_____
phosphorus (593)	FÖS-fō-rūs	_____
physiatrist (593)	fī-ZĪ-ă-trīst	_____
pubic (598)	PŪ-bīk	_____
pubic symphysis (593)	PŪ-bīk SĪM-fī-sīs	_____
pubis (598)	PŪ-bīs	_____
radial (598)	RĀ-dē-ăl	_____
radius (598)	RĀ-dē-ūs	_____
red bone marrow (593)	rěd bôn MĂ-rō	_____
reduction (599)	rě-DŮK-shŭn	_____
ribs (593)	rībz	_____
sacral vertebrae (587)	SĀ-krăl VĚR-tě-brā	_____
scapula (598)	SKĀP-ŭ-lă	_____
scapular (598)	SKĀP-ŭ-lăr	_____
scoliosis (595)	skō-lē-Ō-sīs	_____
sella turcica (593)	SĚ-lă TŮR-sī-kă	_____
sinus (593)	SĪ-nŭs	_____
sphenoid bone (583)	SFĚ-noyd bôn	_____
spondylolisthesis (596)	spôn-dī-lō-līs-THĚ-sīs	_____
spondylosis (596)	spôn-dī-LŌ-sīs	_____

TERM	PRONUNCIATION	MEANING
sternum (598)	STĚR-nŭm	_____
styloid process (593)	STĪ-loyd PRŌS-ēs	_____
subcostal (597)	sŭb-KŌS-tāl	_____
supraclavicular (597)	soo-pră-klă-VĪK-ŭ-lăr	_____
suture (593)	SŪ-tŭr	_____
talipes (602)	TĀL-ĭ-pēz	_____
tarsals (598)	TĀR-sălz	_____
tarsectomy (598)	tăr-SĚK-tō-mē	_____
temporal bone (583)	TĚM-pŏr-āl bŏn	_____
temporomandibular joint (593)	tĚm-pŏr-ŏ-măn-DĪB-ŭ-lăr joynt	_____
thoracic vertebrae (587)	thŏ-RĀS-ĭk VĚR-tĕ-bră	_____
tibia (598)	TĪB-ē-ă	_____
tibial (598)	TĪB-ē-ăl	_____
trabeculae (593)	tră-BĚK-ŭ-lē	_____
ulna (598)	ŬL-nă	_____
ulnar (598)	ŬL-năr	_____
vertebra; vertebrae (593)	VĚR-tĕ-bră; VĚR-tĕ-bră	_____
vertebroplasty (596)	vĕr-TĚ-brŏ-plăs-tē	_____
vomer (584)	VŌ-mĕr	_____
xiphoid process (593)	ZĪF-oyd PRŌS-ēs	_____
yellow bone marrow (593)	YĚ-lŏ bŏn MĀ-rŏ	_____
zygomatic bones (584)	zĭ-gŏ-MĀ-tĭk bŏnz	_____

Terms Related to Joints and Muscles

TERM	PRONUNCIATION	MEANING
abduction (614)	ăb-DŬK-shŭn	_____
achondroplasia (604)	ă-kŏn-drŏ-PLĀ-zē-ă	_____
adduction (614)	ă-DŬK-shŭn	_____
amyotrophic lateral sclerosis (616)	ă-mĭ-ŏ-TRŌ-fĭk LĀT-ĕr-ăl sklē-RŌ-sĭs	_____

TERM	PRONUNCIATION	MEANING
ankylosing spondylitis (606)	äng-kĩ-LŌ-sīng spön-dĩ-LĪ-tis	
ankylosis (604)	äng-kĩ-LŌ-sīs	
arthrodesis (605)	är-thrō-DE-sīs	
arthrotomy (604)	är-THRÖT-ō-mē	
articular cartilage (603)	är-TĪK-ū-lār KĀR-tĩ-līj	
articulation (603)	är-tĩk-ū-LĀ-shūn	
atrophy (616)	ÄT-rō-fē	
bunion (607)	BŮN-yūn	
bursa; bursae (603)	BŪR-sǎ; BŪR-sē	
bursitis (604)	būr-SĪ-tis	
carpal tunnel syndrome (608)	KĀR-pāl TŮN-nēl SĪN-drōm	
chondroma (604)	kön-DRŌ-mǎ	
chondromalacia (604)	kön-drō-mǎ-LĀ-shǎ	
dislocation (608)	dīs-lō-KĀ-shūn	
dorsiflexion (614)	dör-sē-FLĚK-shūn	
extension (614)	ěk-STĚN-shūn	
fascia (614)	FĀSH-ē-ǎ	
fasciotomy (615)	fāsh-e-ÖT-tō-mē	
fibromyalgia (615)	fĩ-brō-mĩ-ĀL-jǎ	
flexion (614)	FLĚK-shūn	
ganglion cyst (608)	GĀNG-lē-ön síst	
gouty arthritis (606)	GÖW-tē är-THRĪ-tīs	
hemarthrosis (604)	hēm-är-THRŌ-sīs	
herniation of a intervertebral disk (609)	hēr-nē-Ā-shūn of a ĩn-tēr- vēr-TĚ-brāl dĭsk	
hydrarthrosis (604)	hĩ-drār-THRŌ-sīs	
hypertrophy (616)	hĩ-PĚR-trō-fē	
hyperuricemia (606)	hĩ-pēr-ūr-ĩ-SĚ-mē-ǎ	
leiomyoma (615)	lĩ-ō-mĩ-Ō-mǎ	
leiomyosarcoma (615)	lĩ-ō-mĩ-ō-sǎr-KŌ-mǎ	

TERM	PRONUNCIATION	MEANING
ligament (603)	LĪG-ă-měnt	_____
ligamentous (604)	lĭg-ă-MĒN-tūs	_____
Lyme disease (610)	līm dī-ZĒZ	_____
meniscus (603)	mě-NĪS-kūs	_____
muscular dystrophy (617)	MŪS-kū-lār DĪS-trō-fē	_____
myalgia (616)	mī-ĀL-jă	_____
myasthenia gravis (616)	mī-ăs-THĒ-nē-ă GRĂ-vīs	_____
myopathy (616)	mī-ŌP-ă-thē	_____
myositis (616)	mī-ō-SĪ-tīs	_____
osteoarthritis (606)	ös-tē-ō-ăr-THRĪ-tīs	_____
plantar flexion (616)	PLĀN-tăr FLĚK-shun	_____
podagra (606)	pō-DĀG-ră	_____
polyarthritis (604)	pöl-ē-ărth-RĪ-tīs	_____
polymyalgia (617)	pöl-ē-mī-ĀL-jă	_____
polymyositis (617)	pöl-ē-mī-ō-SĪ-tīs	_____
pronation (614)	prō-NĀ-shŭn	_____
pyrexia (606)	pī-RĚK-sē-ă	_____
rhabdomyoma (616)	răb-dō-mī-Ō-mă	_____
rhabdomyosarcoma (606)	răb-dō-mī-ō-săr-KŌ-mă	_____
rheumatoid arthritis (606)	ROO-mă-toydăr-THRĪ-tīs	_____
rheumatologist (605)	roo-mă-TŌL-ō-jĭst	_____
rotation (614)	rō-TĀ-shŭn	_____
sarcopenia (616)	săr-kō-PĒ-nē-ă	_____
spinal stenosis (605)	SPĪ-năl stē-NŌ-sīs	_____
sprain (610)	sprăn	_____
strain (610)	străn	_____
striated muscle (614)	STRĪ-ă-těd MŪS-l	_____
subluxation (608)	sŭb-lŭk-SĀ-shŭn	_____
supination (614)	soo-pī-NĀ-shŭn	_____
suture joint (603)	SOO-chŭr joint	_____
synovial cavity (603)	sĭ-NŌ-vē-ăl KĀV-ĭ-tē	_____

TERM	PRONUNCIATION	MEANING
synovial fluid (603)	sĭ-NŌ-vē-ăl FLOO-ĭd	_____
synovial joint (603)	sĭ-NŌ-vē-ăl joint	_____
synovial membrane (603)	sĭ-NŌ-vē-ăl MĚM-brān	_____
synovitis (605)	sĭn-ō-VĪ-tĭs	_____
systemic lupus erythematosus (610)	sĭs-TĚM-ĭk LOO-pŭs ĕ-rĭ-thĕ-mă-TŌ-sŭs	_____
tendinitis (605)	tĕn-dĭ-NĪ-tĭs	_____
tendon (603)	TĚN-dŭn	_____
tenorrhaphy (605)	tĕn-ŎR-ă-fĕ	_____
tenosynovitis (605)	tĕn-ō-sĭ-nō-VĪ-tĭs	_____
visceral muscle (614)	VĪS-ĕr-ăl MŪS-l	_____

Laboratory Tests and Clinical Procedures

TERM	PRONUNCIATION	MEANING
antinuclear antibody test (617)	ăn-tĕ-NŪ-klĕ-ăr ĂN-tĭ-bŏd-ĕ tĕst	_____
arthrocentesis (618)	ăr-thrō-sĕn-TĚ-sĭs	_____
arthrography (618)	ăr-THRŎG-ră-fĕ	_____
arthroplasty (618)	ăr-thrō-PLĂS-tĕ	_____
arthroscopy (618)	ăr-THRŎS-kō-pĕ	_____
bone density test (619)	bŏn DĚN-sĭ-tĕ tĕst	_____
bone scan (620)	bŏn skăn	_____
diskography (620)	dĭsk-ŎG-ră-fĕ	_____
electromyography (620)	ĕ-lĕk-trō-mĭ-ŎG-ră-fĕ	_____
erythrocyte sedimentation rate (617)	ĕ-RĪTH-rō-sĭt sĕd-ĭ-mĕn- TĂ-shŭn răt	_____
muscle biopsy (620)	MŪS-l BĪ-ŏp-sĕ	_____
rheumatoid factor test (617)	ROO-mă-tŏyd FĂK-tŏr tĕst	_____
serum calcium (617)	SĚR-ŭm KĂL-sĕ-ŭm tĕst	_____
serum creatine kinase (617)	SĚR-ŭm KRĚ-ă-tĭn KĪ-năs	_____
uric acid test (618)	ŪR-ĭk ĂS-ĭd tĕst	_____



REVIEW SHEET

Write the meanings of the word parts in the spaces provided. Check your answers with the information in the chapter or in the Glossary (Medical Word Parts—English) at the end of the book.

Combining Forms

COMBINING FORM	MEANING	COMBINING FORM	MEANING
acetabul/o	_____	ligament/o	_____
ankyl/o	_____	lord/o	_____
arthr/o	_____	lumb/o	_____
articul/o	_____	malleol/o	_____
burs/o	_____	mandibul/o	_____
calc/o	_____	maxill/o	_____
calcane/o	_____	metacarp/o	_____
calci/o	_____	metatars/o	_____
carp/o	_____	my/o	_____
cervic/o	_____	myel/o	_____
chondr/o	_____	myocardi/o	_____
clavicul/o	_____	myos/o	_____
coccyg/o	_____	olecran/o	_____
cost/o	_____	orth/o	_____
crani/o	_____	oste/o	_____
fasci/o	_____	patell/o	_____
femor/o	_____	ped/o	_____
fibr/o	_____	pelv/i	_____
fibul/o	_____	perone/o	_____
humer/o	_____	phalang/o	_____
ili/o	_____	plant/o	_____
ischi/o	_____	pub/o	_____
kyph/o	_____	radi/o	_____
lamin/o	_____	rhabdomy/o	_____
leiomy/o	_____	rheumat/o	_____

COMBINING FORM	MEANING	COMBINING FORM	MEANING
sacr/o	_____	tars/o	_____
sarc/o	_____	ten/o	_____
scapul/o	_____	tendin/o	_____
scoli/o	_____	thorac/o	_____
spondyl/o	_____	tibi/o	_____
stern/o	_____	uln/o	_____
synov/o	_____	vertebr/o	_____

Suffixes

SUFFIX	MEANING	SUFFIX	MEANING
-algia	_____	-penia	_____
-asthenia	_____	-physis	_____
-blast	_____	-plasty	_____
-clast	_____	-porosis	_____
-desis	_____	-stenosis	_____
-emia	_____	-tome	_____
-listhesis	_____	-trophy	_____
-malacia	_____		

Prefixes

PREFIX	MEANING	PREFIX	MEANING
a-, an-	_____	hyper-	_____
ab-	_____	meta-	_____
ad-	_____	peri-	_____
dia-	_____	poly-	_____
dorsi-	_____	sub-	_____
epi-	_____	supra-	_____
exo-	_____	sym-	_____

CHAPTER 16

Skin

This chapter is divided into the following sections:

Introduction, 652

Anatomy of the Skin, 652

Accessory Structures of the Skin, 654

Vocabulary, 657

Terminology, 658

Pathology, 662

Laboratory Tests and Clinical Procedures, 673

Abbreviations, 674

Practical Applications, 675

In Person: Metastatic Melanoma, 677

Exercises, 678

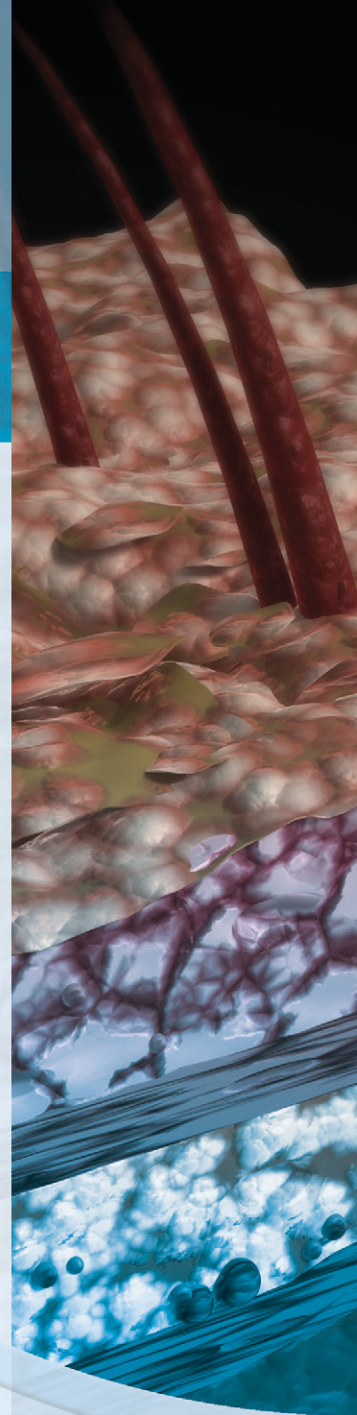
Answers to Exercises, 686

Pronunciation of Terms, 688

Review Sheet, 692

CHAPTER GOALS

- Name the layers of the skin and the accessory structures associated with the skin.
- Build medical words using the combining forms that are related to the specialty of dermatology.
- Identify lesions, signs and symptoms, and pathologic conditions that relate to the skin.
- Describe laboratory tests and clinical procedures that pertain to the skin, and recognize relevant abbreviations.
- Apply your new knowledge to understanding medical terms in their proper contexts, such as medical reports and records.



INTRODUCTION

The skin and its accessory structures (hair, nails, and glands) make up the **integumentary system** of the body. Integument means covering, and the skin (weighing 8 to 10 pounds and extending over an area of 22 square feet in an average adult) is the outer covering for the body. It is, however, more than a simple body covering. This complex system of specialized tissues contains glands that secrete several types of fluids, nerves that carry impulses, and blood vessels that aid in the regulation of the body temperature.

The skin has many important functions:

First, as a protective membrane over the entire body, the skin guards the deeper tissues of the body against excessive loss of water, salts, and heat and against invasion of pathogens and their toxins. Secretions from the skin are slightly acidic in nature, which contributes to the skin's ability to prevent bacterial invasion. Specialized cells (Langerhans cells) react to the presence of antigens and have an immune function.

Second, the skin contains two types of glands that produce important secretions. These glands in the skin are the **sebaceous glands** and the **sweat glands**. Sebaceous glands produce **sebum**, an oily secretion, and sweat glands produce **sweat**, a watery secretion. Sebum and sweat pass to the outer edges of the skin through ducts and leave the skin through openings, or pores. Sebum lubricates the surface of the skin, and sweat cools the body as it evaporates from the skin surface.

Third, nerve fibers under the skin are receptors for sensations such as pain, temperature, pressure, and touch. Thus, the body's adjustment to the environment depends on sensory messages relayed to the brain and spinal cord by sensitive nerve endings in the skin.

Fourth, different tissues in the skin maintain body temperature (thermoregulation). Nerve fibers coordinate thermoregulation by carrying messages to the skin from heat centers in the brain that are sensitive to increases and decreases in body temperature. Impulses from these fibers cause blood vessels to dilate to bring blood to the surface and cause sweat glands to produce the watery secretion that carries heat away.

ANATOMY OF THE SKIN

Figure 16-1A shows three layers of the skin. Label them from the outer surface inward:

Epidermis [1]—a thin, cellular membrane layer; containing keratin

Dermis [2]—dense, fibrous, connective tissue layer; containing collagen

Subcutaneous layer [3]—thick, fat-containing tissue

EPIDERMIS

The epidermis is the outermost, totally cellular layer of the skin. It is composed of **squamous epithelium**. Epithelium is the covering of both the internal and the external surfaces of the body. Squamous epithelial cells are flat and scale-like. In the outer layer of the skin, these cells are arranged in several layers (**strata**) to form **stratified squamous epithelium**.

The epidermis lacks blood vessels, lymphatic vessels, and connective tissue (elastic fibers, cartilage, fat) and is therefore dependent on the deeper dermis layer and its rich network of capillaries for nourishment. In fact, oxygen and nutrients seep out of the capillaries in the dermis, pass through tissue fluid, and supply nourishment to the lower layers of the epidermis.

Figure 16-1B illustrates the multilayered cells of the epidermis. The deepest layer is called the **basal layer** [4]. The cells in the basal layer are constantly growing and multiplying and are the source of all the other cells in the epidermis. As the basal layer cells divide, they

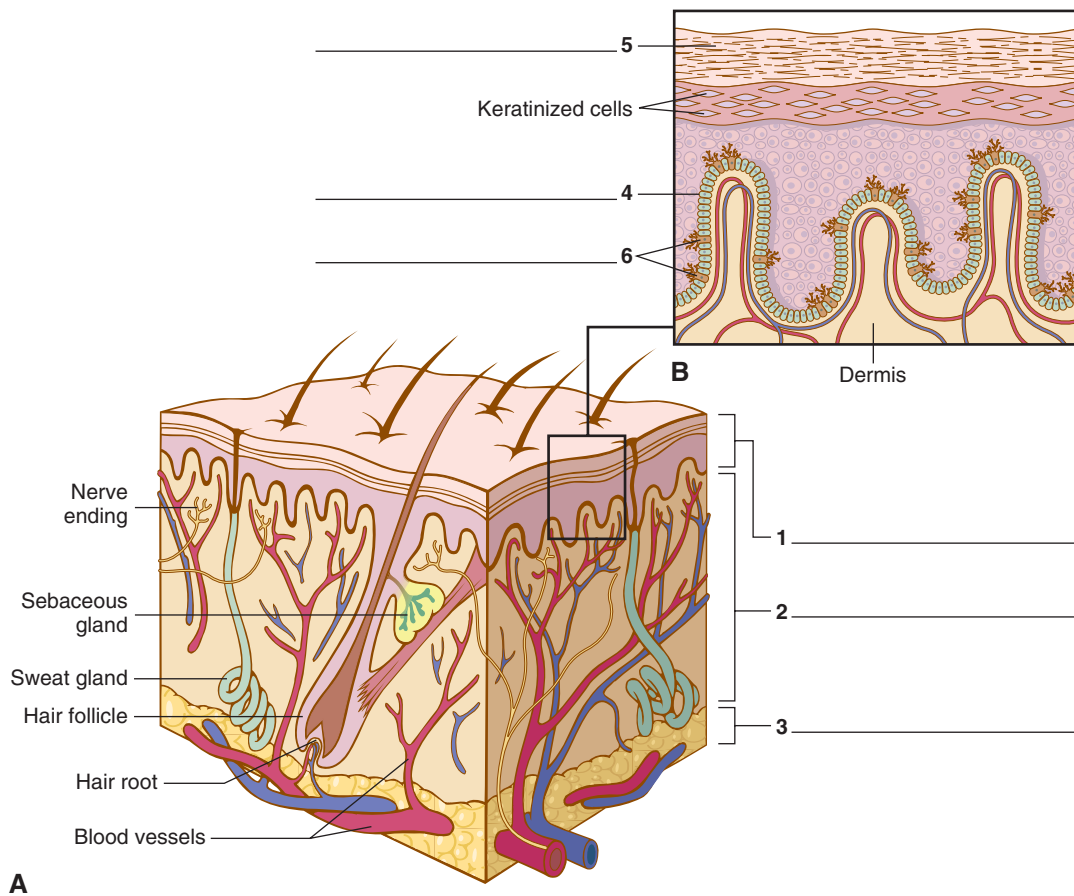


FIGURE 16-1 Skin. A, Three layers of the skin. B, Epidermis.

are pushed upward and away from the blood supply of the dermal layer by a steady stream of younger cells. In their movement toward the most superficial layer of the epidermis, called the **stratum corneum** [5], the cells flatten, shrink, lose their nuclei, and die, becoming filled with a hard protein material called **keratin**. The cells are then called keratinocytes, reflecting their composition of keratin. Finally, within 3 to 4 weeks after beginning as a basal cell in the deepest part of the epidermis, the keratinized cell is sloughed off from the surface of the skin. The epidermis is thus constantly renewing itself, with cells dying at the same rate at which they are replaced.

The basal layer of the epidermis contains special cells called **melanocytes** [6]. Melanocytes contain a pigment called **melanin** that is transferred to other epidermal cells and gives color to the skin. The number of melanocytes in all human races is the same, but the amount of melanin within each cell accounts for the color differences among the races. Individuals with darker skin possess more melanin within the melanocytes, not a greater number of melanocytes. Individuals who are incapable of forming melanin are called **albinos**. Skin and hair are white. In albinos, eye color varies from red to blue to brown, depending on the amount of melanin present in the iris (pigmented portion of the eye). Occulocutaneous albinism affects eyes, skin, and hair, while ocular albinism affects the eyes only.



Types of Melanin: Eumelanin and Pheomelanin

Eumelanin (eu- = true) is more common and is a brown-black pigment. **Pheomelanin** (pheo- = dusky) is a red-yellow pigment. People with darker skin have more eumelanin, whereas people with lighter skin have more pheomelanin.

Pheomelanin is a photo-sensitizer (doesn't protect the skin from damaging ultraviolet rays) and makes lighter-skinned individuals more susceptible to skin cancer.

Melanin production increases with exposure to strong ultraviolet light, and this creates a suntan, which is a protective response. When the melanin cannot absorb all of the ultraviolet rays, the skin becomes sunburned and inflamed (redness, swelling, and pain). Over a period of years, excessive exposure to sun tends to cause wrinkles, permanent pigmentary changes, and even cancer of the skin. Because dark-skinned people have more melanin, they acquire fewer wrinkles and they are less likely to develop the types of skin cancer that are associated with ultraviolet light exposure.

DERMIS

The dermis, directly below the epidermis, is composed of blood and lymph vessels and nerve fibers, as well as the accessory organs of the skin, which are the hair follicles, sweat glands, and sebaceous glands. To support the elaborate system of nerves, vessels, and glands, the dermis contains connective tissue cells and fibers that account for the extensibility and elasticity of the skin.


The dermis is composed of interwoven elastic and **collagen** fibers. Collagen (**colla** = glue) is a fibrous protein material found in bone, cartilage, tendons, and ligaments, as well as in the skin. It is tough and resistant but also flexible. In the infant, collagen is loose and delicate; it becomes harder as the body ages. During pregnancy, overstretching of the skin with weight gain may break the elastic fibers, resulting in linear markings called **striae** (“stretch marks”) on the woman’s abdomen and elsewhere. Collagen fibers support and protect the blood and nerve networks that pass through the dermis. Collagen diseases affect connective tissues of the body. Examples of these connective tissue collagen disorders are systemic lupus erythematosus and scleroderma.

SUBCUTANEOUS LAYER

The subcutaneous layer (epidermis and dermis are the cutaneous layers) specializes in the formation of fat. **Adipocytes** (fat cells) are predominant in the subcutaneous layer, and they manufacture and store large quantities of fat. Obviously, fat deposition varies in different areas of the body and among individual people. Functionally, this layer of the skin is important in protection of the deeper tissues of the body, as a heat insulator, and for energy storage.

ACCESSORY STRUCTURES OF THE SKIN

HAIR

A hair fiber is composed of a tightly fused meshwork of cells filled with the hard protein called **keratin**. Hair growth is similar to the growth of the epidermal layer of the skin. Deep-lying cells in the hair root (Figure 16-2) produce keratinized cells that move upward through **hair follicles** (sacs within which each hair fiber grows). Melanocytes (see Figure 16-2) are located at the root of the hair follicle, and they donate the melanin pigment to the cells of the hair fiber. 

Of the 5 million hairs on the body, about 100,000 are on the head. They grow about $\frac{1}{2}$ inch (1.3 cm) per month. Cutting the hair has no effect on its rate of growth.

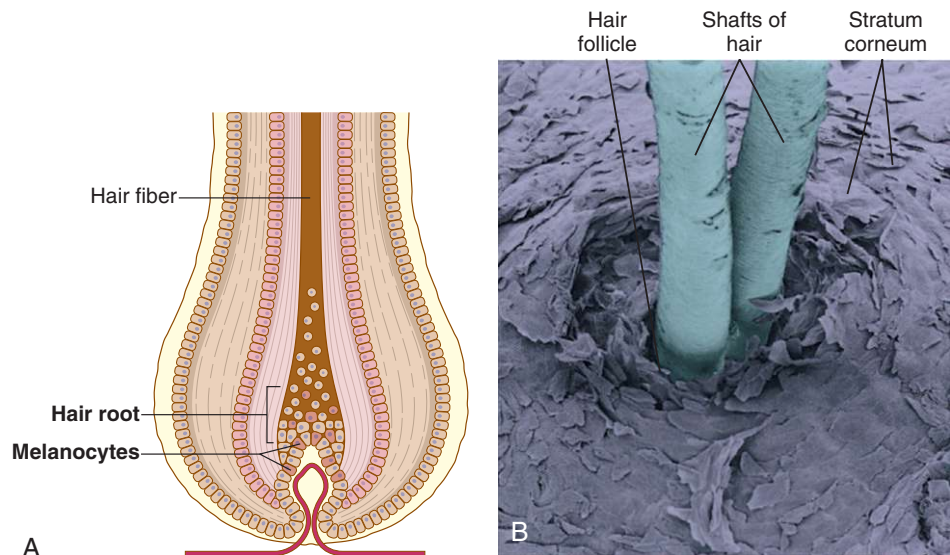


What causes hair color?

Concentration of eumelanin and pheomelanin cause the variations in hair color. For example:

- Black hair = high levels of black eumelanin
- Brown hair = high levels of brown eumelanin
- Blond hair = low levels of black eumelanin
- Red hair = high levels of pheomelanin
- Grey hair = low concentration of eumelanin and pheomelanin

FIGURE 16-2 A, Enlargement of a **hair follicle**. B, Scanning electron micrograph of **hair shafts** (visible parts of hair) extending from their hair follicles.



NAILS

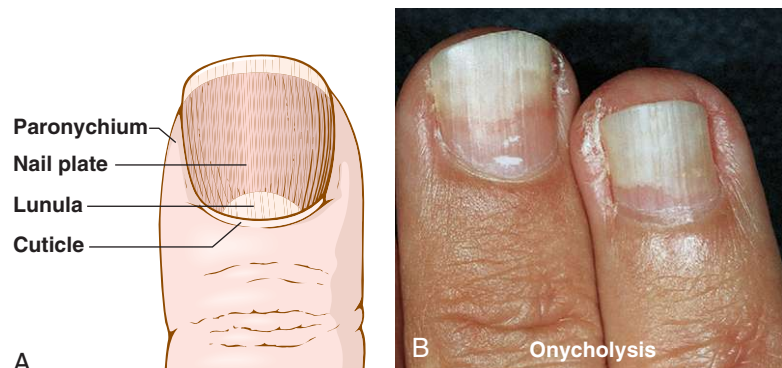
Nails are hard keratin plates covering the dorsal surface of the last bone of each toe and finger. They are composed of keratinocytes that are cemented together tightly and can extend indefinitely unless cut or broken. A nail grows in thickness and length as a result of division of cells in the region of the nail matrix, which is at the base (proximal portion) of the nail plate.

Fingernails grow about 1 mm per week, which means that they can regrow in 3 to 5 months. Toenails grow more slowly than fingernails; it takes 12 to 18 months for toenails to be replaced completely.

The **lunula** is a semilunar (half-moon-shaped) whitish region at the base of the nail plate. It generally can be seen in the thumbnail of most people and is evident to varying degrees in other fingernails. Air mixed in with keratin and cells rich in nuclei give the lunula its whitish color. The **cuticle**, a narrow band of epidermis (layer of keratin), is at the base and sides of the nail plate. The **paronychium** is the soft tissue surrounding the nail border. Figure 16-3A illustrates the anatomic structure of a nail.

Nail growth and appearance commonly alter during systemic disease. For example, grooves in nails may occur with high fevers and serious illness, and spoon nails (flattening of the nail plate) develop in iron deficiency anemia. **Onycholysis** (**onych/o** = nail) is the loosening of the nail plate with separation from the nail bed (Figure 16-3B). It may occur with infection of the nail and is often seen in psoriasis.

FIGURE 16-3 A, Anatomic structure of a nail. B, **Onycholysis**. Infection or trauma to the nail may be the cause of the detachment of the nail plate from the nail bed.



GLANDS

Sebaceous Glands

Sebaceous glands are located in the dermal layer of the skin over the entire body, with the exception of the palms (hands), soles (feet), and lips. They secrete an oily substance called **sebum**. Sebum, containing lipids, lubricates the skin and minimizes water loss. Sebaceous glands are closely associated with hair follicles, and their ducts open into the hair follicle through which the sebum is released. Figure 16-4 shows the relationship of the sebaceous gland to the hair follicle. The sebaceous glands are influenced by sex hormones, which cause them to hypertrophy at puberty and atrophy in old age. Increased production of sebum during puberty contributes to blackhead (comedo) formation and acne in some people.

Sweat Glands

Sweat glands (the most common type are **eccrine sweat glands**) are tiny, coiled glands found on almost all body surfaces (about 2 million in the body). They are most numerous in the palm of the hand (3000 glands per square inch) and in the sole of the foot. As illustrated in Figure 16-4, the coiled eccrine sweat gland originates deep in the dermis and straightens out to extend up through the epidermis. The tiny opening on the surface is a **pore**.

Sweat, or perspiration, is almost pure water, with dissolved materials such as salt making up less than 1% of the total composition. It is colorless and odorless. The odor produced when sweat accumulates on the skin is caused by the action of bacteria on the sweat.

Sweat cools the body as it evaporates into the air. Perspiration is controlled by the sympathetic nervous system, whose nerve fibers are activated by the heart regulatory center in the hypothalamic region of the brain, which stimulates sweating.

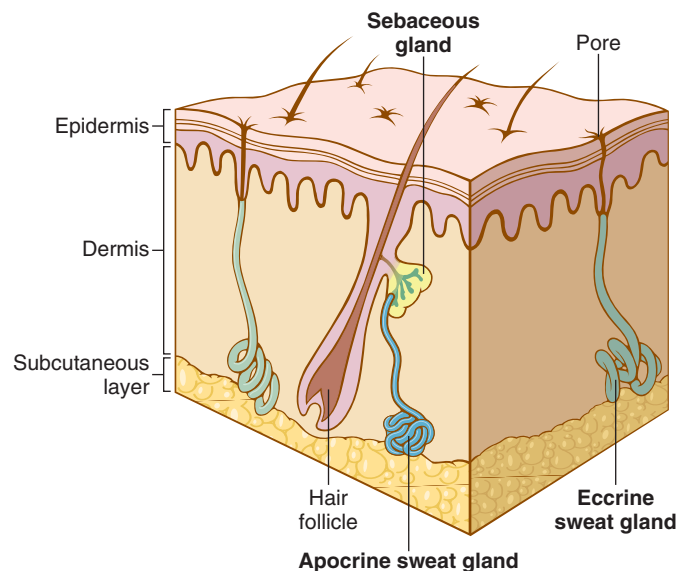


FIGURE 16-4 Sebaceous gland, eccrine sweat gland, and apocrine sweat gland.

A special variety of sweat gland, active only from puberty onward and larger than the ordinary kind, is concentrated in a few areas of the body near the reproductive organs and in the armpits. These glands (**apocrine sweat glands**) secrete an odorless sweat, containing substances easily broken down by bacteria on the skin. The bacterial waste products produce a characteristic human body odor. The milk-producing mammary gland is another type of apocrine gland; it secretes milk after the birth of a child.



VOCABULARY

This list reviews many of the new terms introduced in the text. Short definitions reinforce your understanding of the terms. Refer to the Pronunciation of Terms on page 688 for help with unfamiliar or difficult words.

adipocyte	Fat cell.
albino	Person with skin deficient in pigment (melanin).
apocrine sweat gland	One of the large dermal exocrine glands located in the axilla and genital areas. It secretes sweat that, in action with bacteria, is responsible for human body odor.
basal layer	Deepest region of the epidermis; it gives rise to all the epidermal cells.
collagen	Structural protein found in the skin and connective tissue.
cuticle	Band of epidermis at the base and sides of the nail plate.
dermis	Middle layer of the skin.
eccrine sweat gland	Most numerous sweat-producing exocrine gland in the skin.
epidermis	Outermost layer of the skin.
epithelium	Layer of skin cells forming the outer and inner surfaces of the body.
hair follicle	Sac within which each hair grows.
integumentary system	The skin and its accessory structures such as hair and nails.
keratin	Hard protein material found in the epidermis, hair, and nails. Keratin means horn and commonly is found in the horns of animals.
lunula	The half-moon-shaped, whitish area at the base of a nail.
melanin	Skin pigment. It is formed by melanocytes in the epidermis. Eumelanin is brown-black pigment, while pheomelanin is red-yellow.
paronychium	Soft tissue surrounding the nail border.
pore	Tiny opening on the surface of the skin.
sebaceous gland	Oil-secreting gland in the dermis that is associated with hair follicles.
sebum	Oily substance secreted by sebaceous glands.
squamous epithelium	Flat, scale-like cells composing the epidermis.
stratified	Arranged in layers.
stratum (plural: strata)	A layer (of cells).
stratum corneum	Outermost layer of the epidermis, which consists of flattened, keratinized cells.
subcutaneous layer	Innermost layer of the skin, containing fat tissue.



TERMINOLOGY

Write the meanings of the medical terms in the spaces provided.

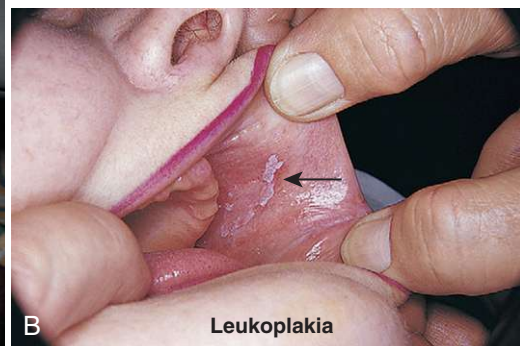
COMBINING FORMS

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
adip/o	fat (see lip/o and steat/o)	<u>adipose</u> _____	
albin/o	white	<u>albinism</u> _____ <i>Table 16-1 lists combining forms for colors and examples of terms using those combining forms.</i>	
caus/o	burn, burning	<u>causalgia</u> _____ <i>Intensely unpleasant burning sensation in skin and muscles when there is damage to nerves.</i>	
cauter/o	heat, burn	<u>electrocautery</u> _____ <i>An instrument containing a needle or blade used during surgery to burn through tissue by means of an electrical current. Electrocauterization is very effective in minimizing blood loss.</i>	
cutane/o	skin (see derm/o)	<u>subcutaneous</u> _____ <i>Epidermis and dermis are the cutaneous layers of the skin.</i>	
derm/o, dermat/o	skin	<u>epidermis</u> _____ <u>dermatitis</u> _____ <u>dermatologist</u> _____ <u>dermabrasion</u> _____ <i>Abrasion means a scraping away. Dermabrasion using a sandpaper-like material removes acne scars and fine wrinkles.</i> <u>epidermolysis</u> _____ <i>Loosening of the epidermis with the development of large blisters; occurs after injury, or with blister-producing diseases.</i>	
diaphor/o	profuse sweating (see hidr/o)	<u>diaphoresis</u> _____ <i>Commonly called sweating.</i>	
erythem/o, erythemat/o	redness	<u>erythema</u> _____ <i>Flushing; widespread redness of the skin. Pronunciation is ěr-i-THĚ-mă. Erythematous means pertaining to erythema.</i>	
hidr/o	sweat	<u>anhidrosis</u> _____ <i>Do not confuse hidr/o with hydr/o (water)!</i>	
ichthy/o	dry, scaly (fish-like)	<u>ichthyosis</u> _____ <i>This is usually a hereditary condition in which the skin is dry, rough, and scaly (resembling fish scales) because of a defect in keratinization. Ichthyosis also can be acquired, appearing with malignancies such as lymphomas and multiple myeloma. Greek ichthys means fish (Figure 16-5A).</i>	

TABLE 16-1 COLORS

Combining Form	Meaning	Terminology
albin/o	white	<u>albin</u> ism
anthrac/o	black (as coal)	<u>anthrac</u> osis
chlor/o	green	<u>chlor</u> ophyll
cirr/o	tawny yellow	<u>cirr</u> hosis
cyan/o	blue	<u>cyan</u> osis
eosin/o	rosy	<u>eosin</u> ophil
erythr/o	red	<u>erythr</u> ocyte
jaund/o	yellow	<u>jaund</u> ice
leuk/o	white	<u>leuk</u> oderma
lute/o	yellow	corpus <u>lute</u> um
melan/o	black	<u>melan</u> ocyte
poli/o	gray	<u>poli</u> osis (decrease of melanin in hair, eyebrows, and eyelashes)
xanth/o	yellow	<u>xanth</u> oma

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
kerat/o	hard	<u>kerat</u> osis _____ <i>See page 670.</i>	
leuk/o	white	<u>leuk</u> oplakia _____ <i>The suffix -plakia means plaques (Figure 16-5B).</i>	
lip/o	fat	<u>lip</u> oma _____ <u>lip</u> osuction _____ <i>Removal of subcutaneous fat tissue through a tube that is introduced into the fatty area via a small incision. The fat is aspirated (suctioned out).</i>	
melan/o	black	<u>melan</u> ocyte _____ <u>melan</u> oma _____ <i>This is a malignant skin tumor. See page 672.</i>	

**A** Ichthyosis**B** Leukoplakia**FIGURE 16-5** A, Ichthyosis.
B, Leukoplakia.

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
myc/o	fungus (fungi include yeasts, molds, and mushrooms)	<u>mycosis</u> _____ <i>An example of a mycosis (fungal infection) is tinea pedis, commonly called “athlete’s foot” (Figure 16-6A). Another fungal infection is tinea corporis (ringworm). See page 669.</i>	
onych/o	nail (see ungu/o)	<u>onycholysis</u> _____ <i>Separation of the nail plate from the nail bed in fungal infections or after trauma. See Figure 16-3, page 665. Onycholysis is often seen in psoriasis.</i> <u>onychomycosis</u> _____ <i>Fungal infection of the nails, which become white, opaque, thick, and brittle.</i> <u>paronychia</u> _____ <i>Par- means near or beside. Paronychia is inflammation and swelling of the soft tissue around the nail and is associated with torn cuticles or ingrown nails (Figure 16-6B).</i>	
phyt/o	plant	<u>dermatophytosis</u> _____ <i>Examples are fungal infections (mycoses) (see Figure 16-6A).</i>	
pil/o	hair (see trich/o), hair follicle	<u>pilosebaceous</u> _____ <i>Sebace/o indicates a gland that secretes sebum. The pilosebaceous unit is the combination of the hair follicle and attached sebaceous gland.</i>	
py/o	pus	<u>pyoderma</u> _____ <i>Pus within the skin (-derma). Impetigo is a purulent (pus-containing) skin disease caused by bacterial infection. See page 667.</i>	
rhytid/o	wrinkle	<u>rhytidectomy</u> _____ <i>Cosmetic plastic surgery to remove wrinkles and excess skin; also called rhytidoplasty or face lift. Laser treatments, Botox Cosmetic (purified botulinum toxin) injections, and injectable fillers are used to soften facial lines and wrinkles. 🌈</i>	
seb/o	sebum (oily secretion from sebaceous glands)	<u>seborrhea</u> _____ <i>Excessive secretion from sebaceous glands. Seborrheic dermatitis commonly is known as dandruff.</i>	
squam/o	scale-like	<u>squamous epithelium</u> _____ <i>Cells are flat and scale-like; pavement epithelium.</i>	



Is Botox Cosmetic Safe?

Botox Cosmetic (onabotulinumtoxin A) has been FDA approved since 2002, for cosmetic use to the brow and facial frown lines. Over a million patients have been treated with Botox Cosmetic, and there have been no reported fatal or permanent adverse effects related to its use. Botox Cosmetic works by blocking the connection between nerves and muscles. Muscles do not contract, thus preventing lines and wrinkles in the skin. When injected in small doses directly into the muscle, Botox Cosmetic can reduce specific facial lines for several months.

The FDA has also approved injectable dermal fillers for deep facial wrinkles and folds. These include Restylane, Perlane, Juvederm, and Radiesse. New additional neuromodulators similar to Botox Cosmetic are also available: Xeomin (incobotulinumtoxin A) and Dysport (abobotulinumtoxin A).

FIGURE 16-6 A, Mycosis. B, Acute paronychia most commonly occurs from nail biting, finger sucking, aggressive manicuring, or penetrating trauma. The most common infecting organism is *Staphylococcus aureus*.



COMBINING FORM	MEANING	TERMINOLOGY	MEANING
steat/o	fat	steatoma _____ Cystic collection of sebum (fatty material) that forms in a sebaceous gland and can become infected; sebaceous cyst . See Figure 16-7A.	
trich/o	hair	hypertrichosis _____	
ungu/o	nail	subungual _____	
xanth/o	yellow	xanthoma _____ Nodules develop under the skin owing to excess lipid deposits and can be associated with a high cholesterol level. A xanthoma that appears on the eyelids is a xanthelasma (-elasma = a flat plate) (Figure 16-7B).	
xer/o	dry	xerosis _____ This is very dry skin.	



FIGURE 16-7 A, Sebaceous cyst. B, Xanthelasma.

PATHOLOGY

CUTANEOUS LESIONS

A **lesion** is an area of abnormal tissue anywhere on or in the body. It may be caused by disease or trauma (external forces). The following terms describe common skin lesions, which are illustrated in Figure 16-8A to L.

- | | |
|-------------------|---|
| A. crust | <p>Collection of dried serum and cellular debris.</p> <p>A scab is a crust. It forms from the drying of a body exudate, as in eczema, impetigo, and seborrhea.</p> |
| B. cyst | <p>Thick-walled, closed sac or pouch containing fluid or semisolid material.</p> <p>Examples of cysts are the pilonidal cyst, which is found over the sacral area of the back in the midline and contains hairs (pil/o = hair, nid/o = nest); and a sebaceous cyst, a collection of yellowish, cheesy sebum commonly found on the scalp, vulva, and scrotum.</p> |
| C. erosion | <p>Wearing away or loss of epidermis.</p> <p>Erosions do not penetrate below the dermoepidermal junction. They occur as a result of inflammation or injury and heal without scarring.</p> |
| D. fissure | <p>Groove or crack-like sore.</p> <p>An anal fissure is a break in the skin lining of the anal canal.</p> |
| E. macule | <p>Flat lesion measuring less than 1 cm in diameter.</p> <p>Freckles, tattoo marks, and flat moles are examples. A patch is a large macule, greater than 1 cm in diameter.</p> |
| F. nodule | <p>Solid, round or oval elevated lesion 1 cm or more in diameter.</p> <p>An enlarged lymph node and solid growths are examples.</p> |
| G. papule | <p>Small (less than 1 cm in diameter), solid elevation of the skin.</p> <p>Pimples are examples of papules. Papules may become confluent (run together) and form plaques, which are elevated flat lesions.</p> |
| H. polyp | <p>Growth extending from the surface of mucous membrane.</p> <p>Polyps (a type of papule) commonly are found in the nose and sinuses, colon, urinary bladder, and uterus.</p> |
| I. pustule | <p>Papule containing pus.</p> <p>A pustule is a small abscess (collection of pus) on the skin.</p> |
| J. ulcer | <p>Open sore on the skin or mucous membranes (deeper than an erosion).</p> <p>Decubitus ulcers (bedsores) are caused by pressure that results from lying in one position (Latin <i>decubitus</i> means lying down). Pressure ulcers usually involve loss of tissue substance and pus or exudate formation.</p> |
| K. vesicle | <p>Small collection (papule) of clear fluid (serum); blister.</p> <p>Vesicles form in burns, allergies, and dermatitis. A bulla (<i>plural</i>: bullae) is a large vesicle.</p> |
| L. wheal | <p>Smooth, edematous (swollen) papule or plaque that is redder or paler than the surrounding skin.</p> <p>Wheals may be papular, as in a mosquito bite, or may involve a wide area, as in allergic reactions. Wheals often are accompanied by itching and are seen in hives, anaphylaxis, and insect bites.</p> |

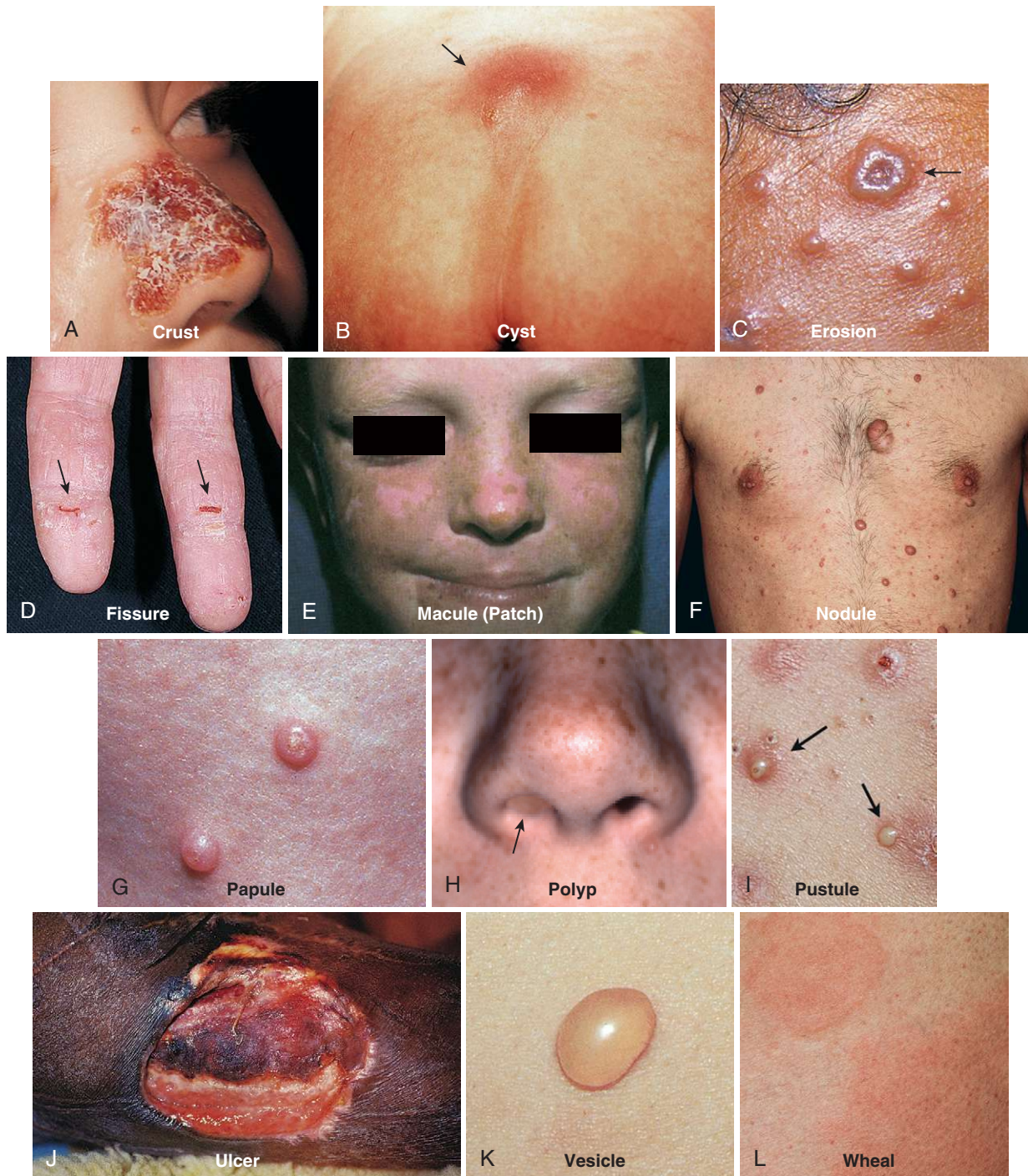


FIGURE 16-8 Cutaneous lesions. **A, Crust**—scab. **B, Cyst**—pilonidal cyst. **C, Erosion**—in varicella (chickenpox after rupture of blister). **D, Fissures**. **E, Macule**—freckles. **F, Nodules**. **G, Papules**. **H, Polyp**—nasal polyp. **I, Pustules**—acne. **J, Ulcer**—decubitus ulcer. **K, Vesicle**—bullae. **L, Wheal**—urticaria.

SIGNS AND SYMPTOMS

alopecia

Absence of hair from areas where it normally grows.

Alopecia, or baldness, may be hereditary (usual progressive loss of scalp hair in men) or it may be caused by disease, injury, or treatment (chemotherapy) or may occur with old age. **Alopecia areata** is an autoimmune disease in which hair falls out in patches without scarring or inflammation (Figure 16-9A).

ecchymosis, ecchymoses

Bluish-purple mark (bruise) on the skin.

Ecchymoses (**ec-** = out, **chym/o** = pour) are caused by hemorrhages into the skin from injury or spontaneous leaking of blood from vessels (Figure 16-9B).

petechia, petechiae

Small, pinpoint hemorrhage.

Petechiae (pě-TĒ-kē-ī) are smaller versions of ecchymoses (Figure 16-9C). Both ecchymoses and petechiae are forms of **purpura** (bleeding into the skin).

pruritus

Itching.

Pruritus is a symptom associated with most forms of dermatitis and with other conditions as well. It arises as a result of stimulation of nerves in the skin by substances released in allergic reactions or by irritation caused by substances in the blood or by foreign bodies.

ABNORMAL CONDITIONS

acne

Chronic papular and pustular eruption of the skin with increased production of sebum.

Acne vulgaris (Latin *vulgaris* means ordinary) is caused by the buildup of sebum and keratin in the pores of the skin. A **blackhead** or open **comedo** (*plural: comedones*) is a sebum plug partially blocking the pore (Figure 16-10). If the pore becomes completely blocked, a **whitehead** (closed comedo) forms. Bacteria

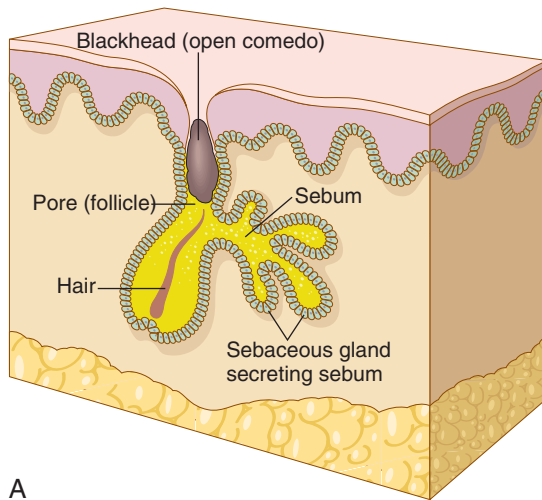


FIGURE 16-9 A, Alopecia areata. B, Ecchymosis. High-grade tear at the myotendinous junction at the right pectoralis major muscle. C, Petechiae.



Pruritus

Be sure to spell pruritus correctly. It is a condition, not an inflammation (-itis).



A



B

Acne

FIGURE 16-10 A, Formation of a **blackhead (open comedo)** in a dilated pore filled with oxidized sebum and bacteria. B, **Acne vulgaris** on the face.

in the skin break down the sebum, producing inflammation in the surrounding tissue. Papules, pustules, and cysts can thus form. Treatment consists of long-term antibiotic use and medications to decrease inflammation in the skin. Benzoyl peroxide and tretinoin (Retin-A) are topical medications used to prevent comedo formation; isotretinoin (Accutane) is used in severe cystic or treatment-resistant acne.

burns

Injury to tissues caused by heat contact.

Burns may be caused by dry heat (fire), moist heat (steam or liquid), chemicals, lightning, electricity, or radiation. Burns usually are classified as follows:

first-degree burns—superficial epidermal lesions, erythema, hyperesthesia, and no blisters.

second-degree burns (partial-thickness burn injury)—epidermal and dermal lesions, erythema, blisters, and hyperesthesia (Figure 16-11A).

third-degree burns (full-thickness burn injury)—epidermis and dermis are destroyed (necrosis of skin), and subcutaneous layer is damaged, leaving charred, white tissue (Figure 16-11B).



A

Second-degree burn



B

Third-degree burn

FIGURE 16-11 Burns. A, **Second-degree burn**. Wound is painful and very sensitive to touch and air currents. B, **Third-degree burn** showing variable color (deep-red, white, black, and brown). The wound itself is insensate (patient does not respond to pinprick).

cellulitis

Diffuse, acute infection of the skin marked by local heat, redness, pain, and swelling.

Abscess formation and tissue destruction can occur if appropriate antibiotic therapy is not given. Areas of poor lymphatic drainage are susceptible to this skin infection (Figure 16-12A).

eczema (atopic dermatitis)

Inflammatory skin disease with erythematous, papulovesicular, or papulosquamous lesions.

This is a chronic or acute **atopic dermatitis** 🌈 (rash often begins on face, hands, elbows, or knees) It is accompanied by intense pruritus and tends to occur in patients with a family history of allergic conditions. Treatment depends on the cause but usually includes the use of corticosteroids and moisturizers. See Figure 16-12B.

exanthematous viral diseases

Rash (exanthem) of the skin due to a viral infection.

Examples are **rubella** (German measles), **rubeola** (measles), and **varicella** (chickenpox). These conditions are no longer as common in children because of vaccination programs. However, **erythema infectiosum** (fifth disease) is a common exanthematous viral disease. See Figure 16-13A. **Hand-foot-and-mouth disease** is another common viral illness in children. See Figure 16-13B.



FIGURE 16-12 A, Cellulitis. Traveling on a safari in Botswana, a 63-year-old woman noticed swelling, redness, and pain in her lower leg. After a local physician prescribed oral antibiotics, she was advised to interrupt her trip to get IV antibiotics at a major hospital. Her cellulitis cleared in a week. **B, Eczema (atopic dermatitis)** in an infant. Greater than 70% of patients have a family history of other atopic conditions such as allergic rhinitis, hay fever, and asthma.

**Atopic dermatitis**

Atopic means pertaining to **atopy**, which means out of place or unusual (a = no, top = place). It is a hyperallergic condition that may be hereditary, but contact with an allergen must occur before a hypersensitivity reaction can develop.

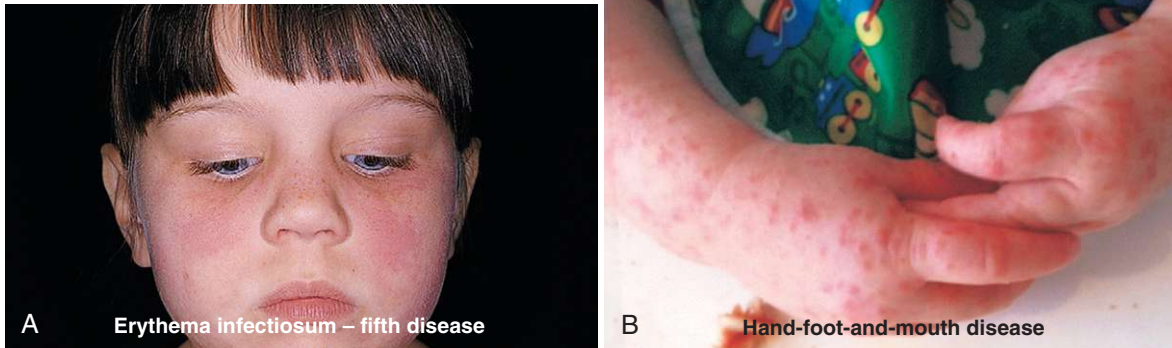


FIGURE 16-13 **A, Erythema infectiosum - fifth disease.** It is marked by fever and an erythematous rash that has a “slapped cheek” appearance on the face and later involving the arms, buttocks, and trunk. It is caused by a parvovirus. **B, Hand-foot-and-mouth disease.** It is caused by an enterovirus.

gangrene

Death of tissue associated with loss of blood supply.

In this condition, ischemia resulting from injury, inflammation, frostbite, diseases such as diabetes, or arteriosclerosis can lead to necrosis of tissue followed by bacterial invasion and putrefaction (proteins are decomposed by bacteria). See Figure 16-14A.

impetigo

Bacterial inflammatory skin disease characterized by vesicles, pustules, and crusted-over lesions.

This is a contagious **pyoderma** (**py/o** = pus) and usually is caused by staphylococci or streptococci. Systemic use of antibiotics combined with proper cleansing of lesions is effective treatment. See Figure 16-14B.

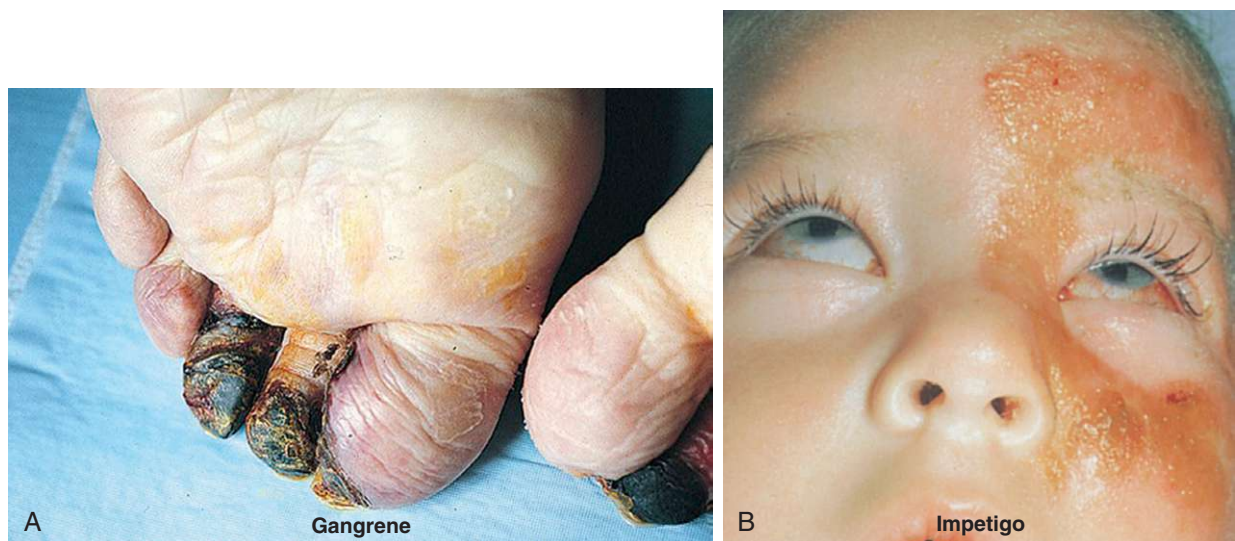


FIGURE 16-14 **A, Gangrene.** **B, Impetigo.**

psoriasis

Chronic, recurrent dermatosis marked by itchy, scaly, red plaques covered by silvery gray scales (Figure 16-15A).

Psoriasis commonly involves the forearms, knees, legs, and scalp. It is neither infectious nor contagious but is caused by an increased rate of growth of the basal layer of the epidermis. It is an autoinflammatory disease that can run in families. Treatment is **palliative** (relieving but not curing) and includes topical lubricants, keratolytics, and steroids. Systemic treatments include psoralen–ultraviolet A (PUVA) light therapy and immunomodulators.

scabies

Contagious, parasitic infection of the skin with intense pruritus. (Figure 16-15B)

Scabies (from Latin *scabere*, to scratch) commonly affects areas such as the groin, nipples, and skin between the fingers. Treatment is with topical medicated cream to destroy the scabies mites (tiny parasites).

scleroderma

Chronic progressive disease of the skin and internal organs with hardening and shrinking of connective tissue. See Figure 16-16A.

Fibrous scar-like tissue forms in the skin, and the heart, lungs, kidneys, and esophagus may be affected as well. Skin is thick, hard, and rigid, with areas of both depigmented and hyperpigmentation. It is an autoimmune disease for which palliative treatment consists of immunosuppressive and anti-inflammatory agents, antifibrotics, and physical therapy.

systemic lupus erythematosus (SLE)

Chronic autoimmune inflammatory disease of collagen in skin, joints, and internal organs.

Lupus, meaning wolf-like (the shape and color of the skin lesions resembled those in the bite of a wolf), produces a characteristic “butterfly” pattern of redness over the cheeks and nose. See Figure 16-16B. In more severe cases, the extent of erythema increases, and all exposed areas of the skin may be involved. Primarily a disease of females, lupus is an autoimmune disorder. High levels of certain antibodies are found in the patient’s blood. Corticosteroids and immunosuppressive drugs are used to control symptoms.

SLE should be differentiated from chronic **discoid lupus erythematosus (DLE)**, which is a photosensitive, scaling, plaque-like eruption of the skin confined to the face, scalp, ears, chest, arms, and back, which heals with scarring. SLE should also be differentiated from **lupus vulgaris**, which refers to a cutaneous form of tuberculosis.

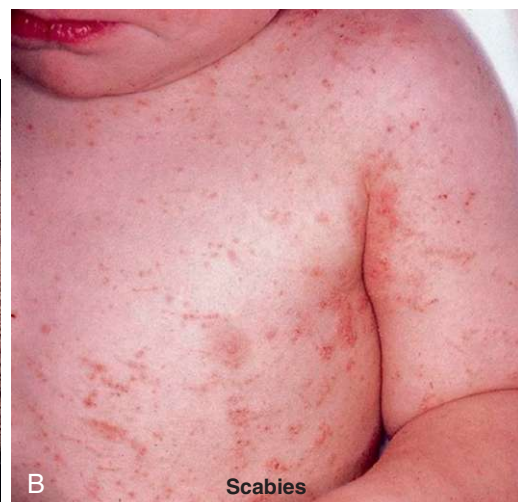


FIGURE 16-15 A, Psoriasis. Thick red plaques have a sharply defined border and an adherent silvery scale. B, Scabies.

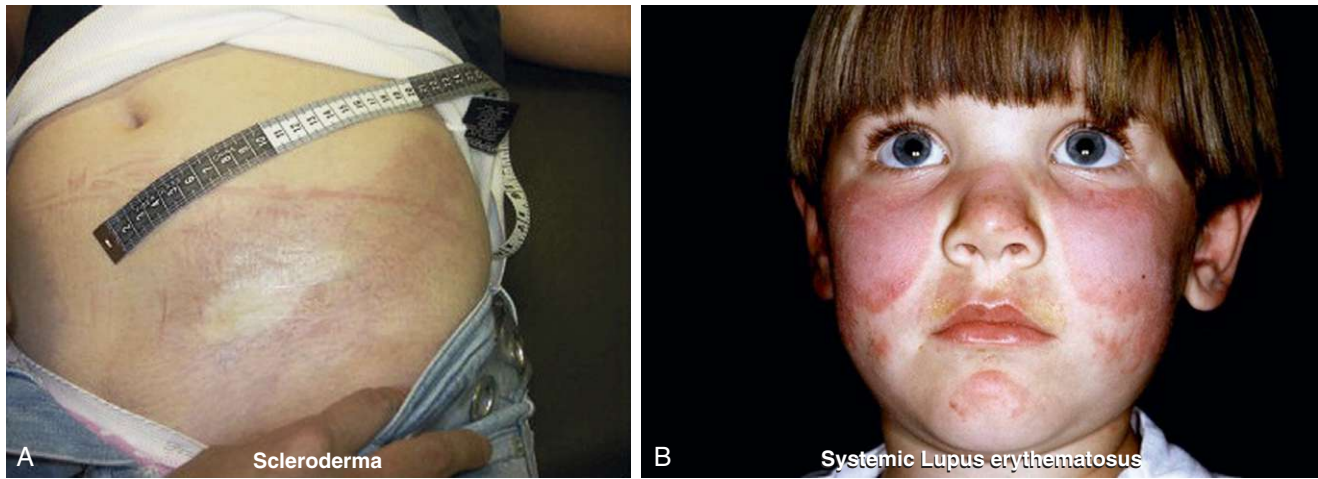


FIGURE 16-16 A, Scleroderma. B, Systemic lupus erythematosus.

tinea

Infection of the skin caused by a fungus.

Tinea corporis, or ringworm, so called because the infection is in a ring-like pattern (Figure 16-17A), is highly contagious and causes severe pruritus. Other examples are **tinea pedis** (athlete's foot, which affects the skin between the toes), **tinea capitis** (on the scalp), **tinea barbae** (affecting the skin under a beard), and **tinea unguium** (affecting the nails) (Figure 16-17B). Treatment is with antifungal agents. (Latin *tinea* means worm or moth—apparently the Romans thought that skin affected with tinea looked “moth-eaten.”)

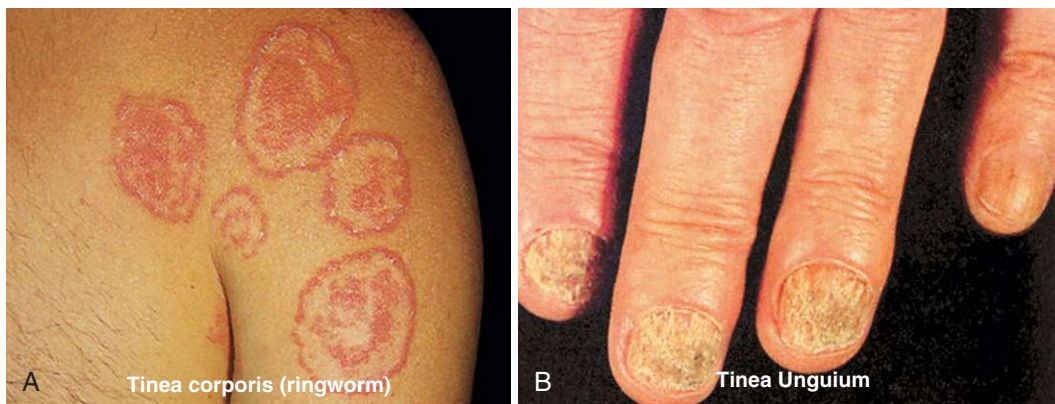


FIGURE 16-17 A, **Tinea corporis (ringworm)**. B, **Tinea unguium**. Fungal infection of the nail (onychomycosis) causes the distal nail plate to turn yellow or white. Hyperkeratotic debris accumulates, causing the nail to separate from the nail bed (onycholysis).

urticaria (hives)

Acute allergic reaction in which red, round wheals develop on the skin.

Hives are often a reaction to foods (shellfish, nuts, eggs) or medicine. Histamine is released into the bloodstream, causing **pruritus** and **edema** (swelling). **Angioedema** is swelling around the face. Other substances and events that can trigger hives are animal dander, insect bites, and pollen. See Figure 16-18A.

vitiligo

Loss of pigment (depigmentation) in areas of the skin (milk-white patches).

This is a form of **leukoderma** (Figure 16-18B). The skin changes result from an autoimmune process, and there is an increased association of vitiligo with autoimmune disorders such as thyroiditis, hyperthyroidism, and diabetes mellitus.

SKIN NEOPLASMS**Benign Neoplasms****callus**

Increased growth of cells in the keratin layer of the epidermis caused by pressure or friction.

The feet (Figure 16-19A) and the hands are common sites for callus formation. A **corn** is a type of callus that develops a hard core (a whitish, cone-shaped central kernel).

keloid

Excess hypertrophied, thickened scar developing after trauma or surgical incision.

Keloids (Figure 16-19B) result from excessive collagen formation in the skin during connective tissue repair. Keloids extend beyond the boundaries of the original injury. The term comes from the Greek *kelis*, meaning blemish. Surgical excision often is combined with intralesional steroid injections or ablative laser treatments.

A normal scar left by a healed wound is called a **cicatrix** (SĪK-ă-triks).

keratosis

Thickened and rough lesion of the epidermis; associated with aging or skin damage.

Actinic keratosis is caused by long-term ultraviolet light exposure and is a precancerous lesion that can evolve into squamous cell carcinoma (Figure 16-20A). **Seborrheic keratosis** is a benign lesion that results from overgrowth of the upper epidermis and is dark in color.

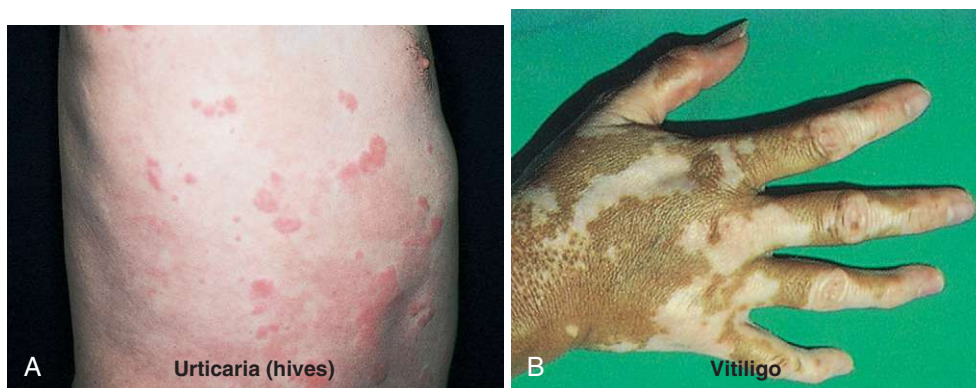


FIGURE 16-18 **A, Urticaria (hives).** Erythematous, edematous, often circular plaques. **B, Vitiligo** on the hand (from Latin *vitium*, blemish). Epidermal melanocytes are completely lost in depigmented areas through an autoimmune process.

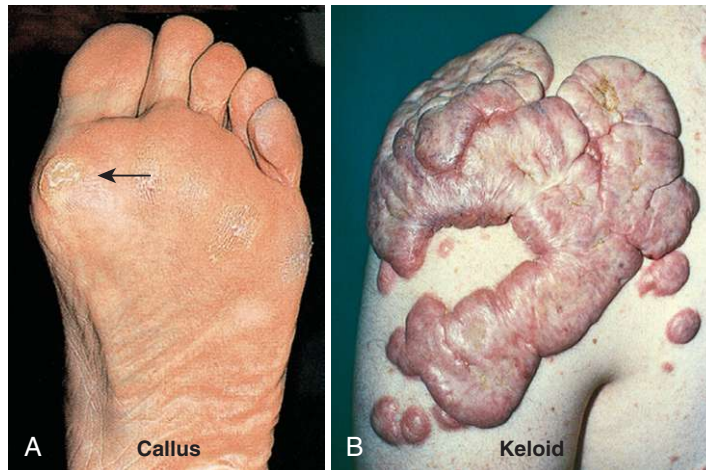


FIGURE 16-19 A, Callus on the sole of the foot. B, Keloid.

leukoplakia

White, thickened patches on mucous membrane tissue of the tongue or cheek (evolves to squamous cell carcinoma). See Figure 16-5B, page 659.

One type is a precancerous lesion that is common in smokers and may be caused by chronic inflammation.

nevus, nevi

Pigmented lesion of the skin (see Figure 16-20B).

Nevi are commonly known as moles. Many are present at birth, but some are acquired.

Dysplastic nevi are moles that have atypical cells and may progress to form a type of skin cancer called melanoma (see **malignant melanoma**).

verruca, verrucae

Epidermal growth (wart) caused by a virus.

Verruca vulgaris (common wart) is the most frequent type of wart (Figure 16-20C). **Plantar warts** occur on the soles of the feet, juvenile warts occur on the hands and face of children, and venereal warts occur on the genitals and around the anus. Warts are removed with acids, electrocautery, or freezing with liquid nitrogen (cryosurgery). If the virus remains in the skin, the wart frequently regrows.



FIGURE 16-20 A, Actinic (solar) keratosis. B, Nevi. C, Verruca vulgaris. A wart consists of multiple papules with rough, pebble-like surfaces.

Cancerous Lesions**basal cell carcinoma****Malignant tumor of the basal cell layer of the epidermis.**

This is the most frequent type of skin cancer. It is a slow-growing tumor that usually occurs on chronically sun-exposed skin, especially near or on the nose (Figure 16-21A). It almost never metastasizes.

squamous cell carcinoma**Malignant tumor of the squamous epithelial cells in the epidermis.**

This tumor may grow in places other than the skin, wherever squamous epithelium is found (mouth, larynx, bladder, esophagus, lungs). **Actinic** (sun-related) **keratoses** are premalignant lesions in people with sun-damaged skin. Progression to squamous cell carcinoma (Figure 16-21B) may occur if lesions are not removed. Treatment is removal by surgical excision, cryotherapy, electrodesiccation and curettage, or radiotherapy.

malignant melanoma**Cancerous growth composed of melanocytes.**

This malignancy is attributed to a genetic predisposition and to exposure to ultraviolet light. Melanoma usually begins as a mottled, light brown to black macule with irregular borders (Figure 16-22). The lesion may turn shades of red, blue, and white and may crust on the surface and bleed. Melanomas may arise in preexisting moles (dysplastic nevi) and frequently appear on the upper back, lower legs, arms, head, and neck.

Biopsy is required to confirm the diagnosis of melanoma, and prognosis is best determined by measuring tumor thickness in millimeters.

Melanomas often metastasize to the lung, liver, bone, and brain. Treatment may include excision of the tumor, regional lymphadenectomy, chemotherapy/immunotherapy, or radiotherapy. See the *In Person* story on page 677.

Kaposi sarcoma**Malignant, vascular, neoplastic growth characterized by cutaneous nodules.**

Frequently arising on the lower extremities, nodules range in color from deep pink to dark blue and purple. One form of this condition is associated with acquired immunodeficiency syndrome (AIDS). See Figure 14-11, page 559.

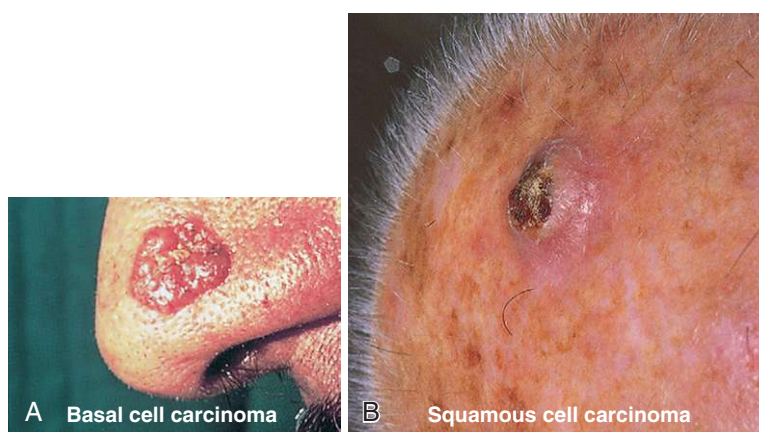


FIGURE 16-21 A, Basal cell carcinoma. B, Squamous cell carcinoma. Advanced lesions are often nodular and ulcerated.

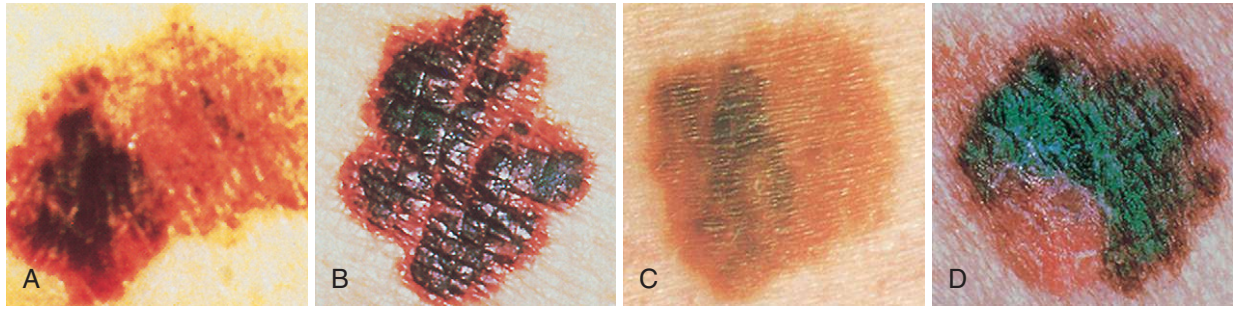


FIGURE 16-22 The ABCDEs of Melanoma:

Asymmetry: one half unlike the other half

Border: irregular or poorly circumscribed border

Color: varies from one area to another; shades of tan and brown, black, and sometimes white, red, or blue

Diameter: usually larger than 6 mm (diameter of a pencil eraser)

Evolution: change in the lesion over time

LABORATORY TESTS AND CLINICAL PROCEDURES

LABORATORY TESTS

bacterial analyses

Samples of skin are examined for presence of microorganisms.

Purulent (pus-filled) material or **exudate** (fluid that accumulates) often is taken for examination.

fungal tests

Scrapings from skin lesions, hair specimens, or nail clippings are sent to a laboratory for culture and microscopic examination.

The specimen also may be treated with a potassium hydroxide (KOH) preparation and examined microscopically. A positive result on a KOH test reveals elements that indicate the presence of a fungal infection.

CLINICAL PROCEDURES

cryosurgery

Use of subfreezing temperature achieved with liquid nitrogen application to destroy tissue.

curettage

Use of a sharp dermal curette to scrape away a skin lesion.

A curette is shaped like a spoon or scoop.

electrodesiccation

Tissue is destroyed by burning with an electric spark.

This procedure is used along with curettage to remove and destroy small cancerous lesions with well-defined borders.

Mohs surgery

Thin layers of malignant tissue are removed, and each slice is examined under a microscope to check for adequate extent of the resection.

Mohs surgery (also called Mohs micrographic surgery) is a specialized form of excision to treat basal cell carcinomas, squamous cell carcinomas, and other tumors. See Figure 16-23.

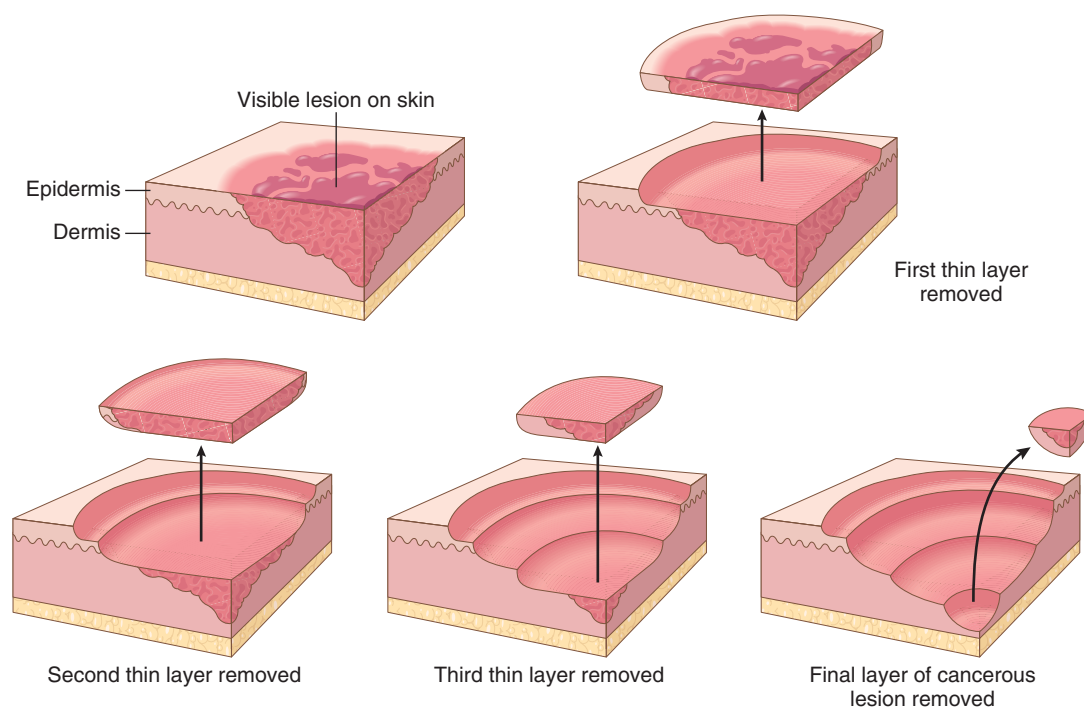


FIGURE 16-23 Mohs surgery.

skin biopsy

Suspected malignant skin lesions are removed and examined microscopically by a pathologist.

In a **punch biopsy**, a surgical instrument removes a core of tissue obtained by rotation of its sharp, circular edge. In a **shave biopsy**, tissue is excised using a cut parallel to the surface of the surrounding skin.

skin test

Substances are injected intradermally or applied to the skin, and results are observed.

Skin tests are used to diagnose allergies and disease. In the **patch test**, an allergen-treated piece of gauze or filter paper is applied to the skin. If the skin becomes red or swollen, the result is positive. In the **scratch test**, several scratches are made in the skin, and a very minute amount of test material is inserted into the scratches. The Schick test (for diphtheria) and the Mantoux and purified protein derivative (PPD) tests (for tuberculosis) are other skin tests.

**ABBREVIATIONS**

ABCDE	asymmetry (of shape), border (irregularity), color (variation within one lesion), diameter (greater than 6 mm), evolution (change)—characteristics associated with melanoma	PPD	purified protein derivative—used in skin test for tuberculosis
Bx	biopsy	PUVA	psoralen—ultraviolet A light therapy; treatment for psoriasis and other skin conditions
Derm	dermatology	SLE	systemic lupus erythematosus
DLE	discoid lupus erythematosus	SC	subcutaneous



PRACTICAL APPLICATIONS

This section contains disease descriptions, a medical report, and a case report using terms that you have studied in this and previous chapters. Explanations of more difficult terms are added in brackets.

DISEASE DESCRIPTIONS

1. **Candidiasis** (*Candida* is a yeast-like fungus): This fungus is normally found on mucous membranes, skin, and vaginal mucosa. Under certain circumstances (excessive warmth and moisture; administration of antibiotics and corticosteroids; debilitated states; infancy), it can proliferate and cause localized or generalized mucocutaneous disease. Examples are paronychia lesions, lesions in areas of the body where the rubbing of opposed surfaces is common (groin, perianal, axillary, inframammary, and interdigital), thrush (white plaques attached to oral or vaginal mucous membranes), and vulvovaginitis.
2. **Cellulitis**: This is a common nonsuppurative infection of connective tissue with severe inflammation of the dermal and subcutaneous layers of the skin. Cellulitis appears on an extremity as a warm reddish area of tender edematous skin. A surgical wound, puncture, insect bite, skin ulcer, or patch of dermatitis is the usual means of entry for bacteria (most cases are caused by streptococci or *Staphylococcus aureus*). Therapy includes rest, elevation, hot wet packs, and antibiotics. Any cellulitis on the face should be given special attention because the infection may extend directly to the brain.
3. **Mycosis fungoides (cutaneous T cell lymphoma)**: This rare, chronic skin condition is caused by the infiltration of the skin by atypical lymphocytes. Contrary to its name (myc/o = fungus), it is not caused by a fungus but was formerly thought to be of fungal origin. It can manifest with generalized erythroderma or large, reddish, raised tumors that spread and ulcerate. In some cases, the malignant cells may involve lymph nodes and other organs. Treatment with cortisone ointments, topical nitrogen mustard, psoralen–ultraviolet light A (PUVA), and systemic retinoids or immunomodulators can be effective in controlling the disease.

MEDICAL RECORD: FINDINGS ON DERMATOLOGIC EXAMINATION

A wide variety of lesions are seen on the face, shoulders, and back. The predominant lesions are pustules or papules. Many pustules are confluent [running together] over the chin and forehead. Comedones are present on the face, especially along the midface. Inflammatory papules are present on the lower cheeks and chin. Large abscesses and ulcerated cysts are present over the upper shoulder area. Numerous scars are present over the face and upper back.

Questions about the Medical Record

See page 687 for answers.

1. In this skin condition, the primary lesions are
 - a. Discolored flat lesions
 - b. Grooves or crack-like sores
 - c. Small elevations containing pus
2. Comedones are
 - a. Sebum plugs partially blocking skin pores
 - b. Contagious, infectious plugs of sebum
 - c. Small, pinpoint hemorrhages

3. The papules described are known as
 - a. Purpura
 - b. Pimples
 - c. Freckles
4. In the scapular region, lesions are
 - a. Large pigmented areas
 - b. Numerous collections of blisters
 - c. Large collections of sacs containing pus with erosion of skin
5. What is your diagnosis of this skin condition, based on the physical examination?
 - a. Acne vulgaris
 - b. Leukoplakia
 - c. Scabies

CASE REPORT: BASAL CELL CARCINOMA

A 76-year-old woman noticed a 1-inch-diameter flaky patch on her scalp. Over a period of months, the lesion increased in size and became ulcerated, with the skull bone visible (Figure 16-24A). A biopsy was performed and pathologic examination revealed basal cell carcinoma. Mohs micrographic surgery was attempted but a CT study of the head/brain with contrast showed the likelihood of residual tumor extending into the skull (Figure 16-24B).

Major surgery was performed to resect residual malignant tissue. A large portion of skull was removed and replaced with titanium mesh on which muscle from her back and skin from her leg were grafted. The primary surgical area healed well. Pathologic examination confirmed the presence of tumor invading the skull and underlying dura at the surgical margin. The patient is now receiving radiation therapy for 6 weeks to treat the affected area.

Commentary: Most basal cell carcinomas are small tumors that are easily removed by local surgery, such as Mohs. When treatment is delayed, however, they can become very large and require major surgical procedures with grafting. They can continue to grow locally and invade adjacent tissues, as occurred in this case.

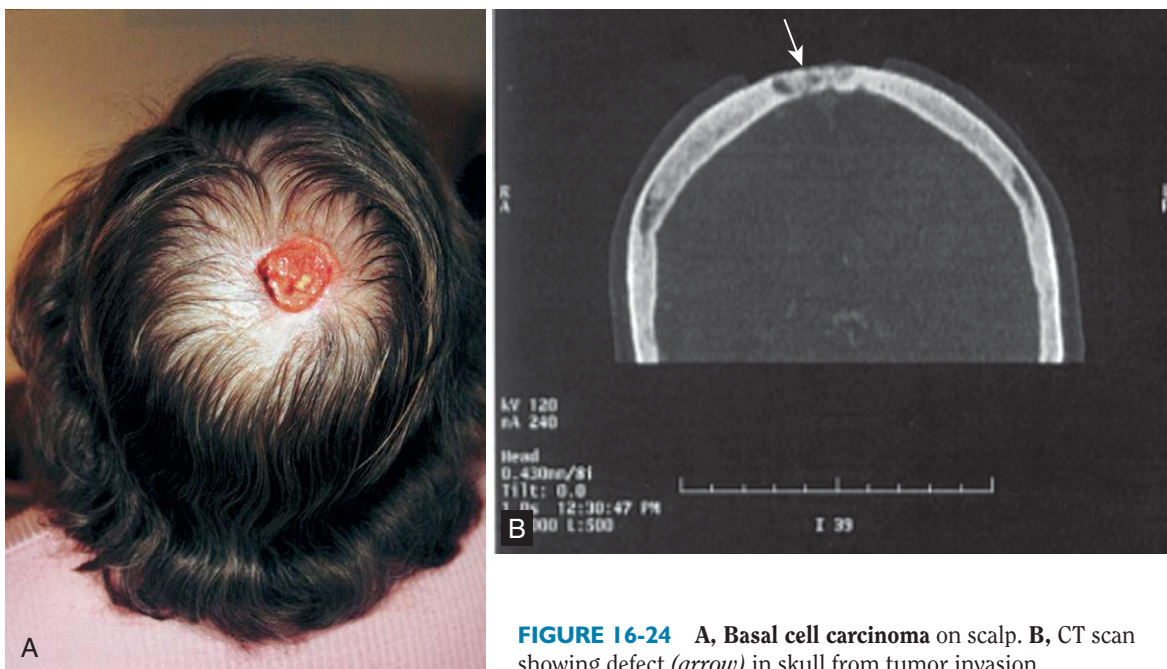


FIGURE 16-24 A, Basal cell carcinoma on scalp. B, CT scan showing defect (arrow) in skull from tumor invasion.



IN PERSON

This is a first-person account describing the course of metastatic melanoma. It is written by the husband of a patient.

Mary Ann showed me the mole on her arm near her armpit and I knew immediately that this was not going to be a good thing. It was raised, red and black, irregular shape. That was more than 30 years ago, before the Internet, and no way to confirm our fear. Four days later the mole was excised, and within a week, we received confirmation that it was a melanoma.

We had various opinions about the next step, but Mary Ann had always been convinced that you always go to a teaching hospital and find the experts. We selected a surgeon at Georgetown Hospital and she underwent a resection of an area on her arm that was about 3×4 inches. The nodes in her armpit were also removed, which I questioned. If the cancer had spread to her nodes then it was already metastatic and, either way, she risked getting edema in her arm. Fortunately, there was no node involvement and she didn't get edema. Again, with no Internet we had to spend several nights at the Library of Medicine trying to educate ourselves with what we were dealing with. We didn't know about the classifications and TNM readings weren't mentioned to us. We only knew the depth of the tumor and, relating that to the charts, we found implied a 30% to 40% five year survival rate.

Living in anticipation of recurrence was extremely stressful. Mary Ann dwelled a lot on her demise despite my and her friends' efforts to put on a happy face and trying to fill the days with distractions. Her 6 month chest x-rays and checkups gradually became less stressful, leaving us with the feeling that it was okay to enjoy life again. Two and a half years after her operation, that changed. A tumor showed up in her lung. Again she found the best thoracic surgeon in the area and had it removed. Six weeks later two small tumors appeared below her ribcage right where the drain from her operation had been. These were the first of many that appeared just below the dermis, in her abdomen, thigh, and back. This was over a period of about 8 months, and during this time Mary Ann entered her first trial in which she received an injectable, specific antigen that was designed to boost her immune system. Remarkably, Mary Ann the fighter began to emerge. With two pre-teen daughters to nurture, she put tumor removal and weekly injections on her to-do list.

At this time, she was under increased stress dealing with the loss of her mother to a heart attack. During the funeral she complained of severe back pain, and when we returned home tests revealed metastases on her spinal cord. Again, she found the best neurological surgeon and had them removed. She had to relearn how to walk again and had barely begun to recover when her sisters called to tell her that her father had died of a heart attack. She knew even before I told her and, I remember her words: "Bring it on, give me all you've got, I can take it."

Shortly after his funeral she began to have "dancing spots" in her right eye, a sign of a metastatic brain tumor. Her oncologist was adamantly opposed to surgery. His advice was to stick to the protocol, and not put her through an operation because she would be dead in six months. Mary Ann and I believed that the drug protocol alone was not going to give her more time. She was determined to have the surgery and subsequent radiation. Recovery was difficult and she lost her hair in the radiation field, but it was a fortunate time in that she met Davi Chabner, who was to be her best friend and catalyst for enjoying life again. A year later there was another brain tumor, which was removed and followed by more radiation. She then took part in a brief trial using monoclonal antibodies. A couple of more surface tumors were removed, but then: no more! Remission! Life was good. Vacations, golf with friends, visits to college to see our daughters, trips to see Mary Ann's sisters, all was a pleasant blend of what you do with the time you have. Although she had a multitude of friends that she saw often, it was Mary Ann's time with Davi and her husband that kept her enthused over every day.



Five years later Mary Ann woke up with night sweats and a low-grade fever that wouldn't go away. Our worst fears were realized. A large, inoperable tumor was in her spleen. Less than 4 months later she died. Looking back, she went through a lot during her 9-year ordeal, but she beat the odds, and through sheer willpower enjoyed her time to the fullest. That was over 20 years ago, and to this day, I still meet people who remember her fondly and remark that she was one of their best friends. That was Mary Ann. No matter what she was going through she was still interested in *your* life.

Bob Rowe is a retired software engineer and avid golfer.

Note: In the last two years, therapy for metastatic melanoma has been radically improved by a new targeted agent, Vemurafenib, and new monoclonal antibodies that promote an immune response to the tumor.



EXERCISES

Remember to check your answers carefully with the Answers to Exercises, page 686.

A Select from the following terms to complete the sentences below.

adipocyte
basal layer
collagen
cuticle

dermis
keratin
lunula

melanin
sebum
stratum corneum

1. A fat cell is a/an _____.
2. The half-moon-shaped white area at the base of a nail is the _____.
3. A structural protein found in skin and connective tissue is _____.
4. A pigment found in the epidermis is _____.
5. The deepest region of the epidermis is the _____.
6. The outermost layer of the epidermis, which consists of flattened, keratinized cells, is the _____.
7. An oily substance secreted by sebaceous glands is _____.
8. The middle layer of the skin is the _____.
9. A hard, protein material found in epidermis, hair, and nails is _____.
10. A band of epidermis at the base and sides of the nail plate is the _____.

B Complete the following terms based on their meanings as given below.

1. the outermost layer of skin: epi_____
2. profuse sweating: dia_____
3. excessive secretion from sebaceous glands: sebo_____
4. inflammation and swelling of soft tissue around a nail: par_____
5. fungal infections of hands and feet: dermato_____
6. burning sensation (pain) in skin: caus_____

- C Match the terms in Column I with the descriptive meanings in Column II. Write the letter of the answer in the space provided.**

COLUMN I

1. squamous epithelium _____
2. sebaceous gland _____
3. albinism _____
4. electrocautery _____
5. subcutaneous tissue _____
6. collagen _____
7. dermis _____
8. melanocyte _____
9. erythema _____
10. dermabrasion _____

COLUMN II

- A. connective tissue layer of skin
- B. surgical procedure to scrape away tissue
- C. flat, scale-like cells
- D. connective tissue protein
- E. pigment deficiency of the skin
- F. contains a dark pigment
- G. redness of skin
- H. contains lipocytes
- I. oil-producing organ
- J. knife used to burn through tissue

- D Build medical terms based on the definitions and word parts given.**

1. pertaining to under the skin: sub_____
2. abnormal condition of lack of sweat: an_____
3. abnormal condition of proliferation of horny, keratinized cells: kerat_____
4. abnormal condition of dry, scaly skin: _____osis
5. loosening of the epidermis: epidermo_____
6. yellow tumor (nodule under the skin): _____oma
7. pertaining to under the nail: sub_____
8. abnormal condition of excessive hair growth: hyper_____
9. abnormal condition of nail fungus: onycho_____
10. removal of wrinkles: _____ectomy

E Give the meanings for the following combining forms.

1. melan/o _____
2. adip/o _____
3. squam/o _____
4. xanth/o _____
5. myc/o _____
6. onych/o _____
7. pil/o _____
8. xer/o _____
9. trich/o _____
10. erythem/o _____
11. albin/o _____
12. ichthy/o _____
13. hidr/o _____
14. ungu/o _____
15. cauter/o _____
16. steat/o _____
17. rhytid/o _____
18. py/o _____
19. hydr/o _____
20. cutane/o _____

F Match each of the following lesions with their illustrations below (Figure 16-25).

crust (scab)
cyst
erosion
fissure
fissure

macule
nodule
papule
polyp

pustule
ulcer
vesicle
wheal

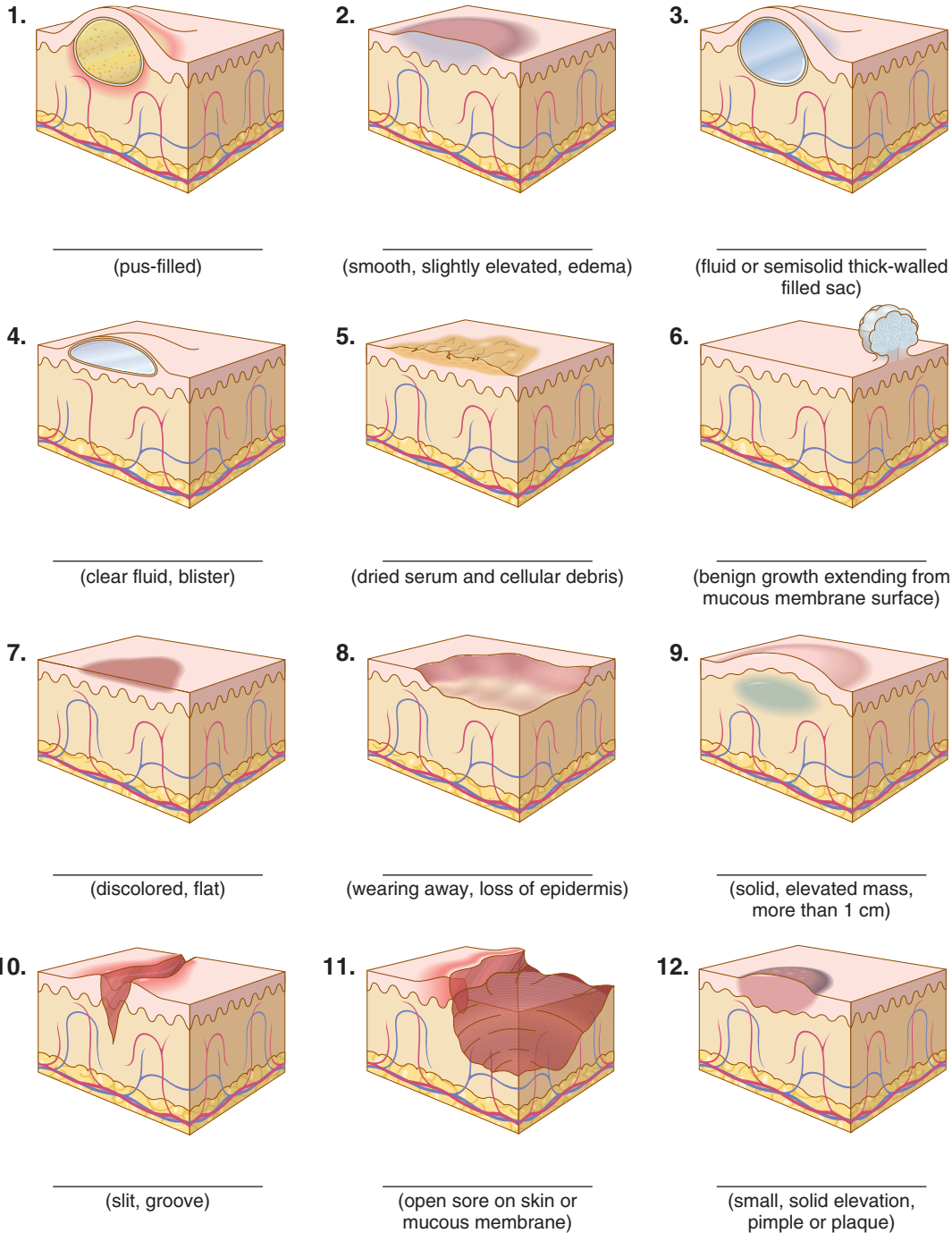


FIGURE 16-25 Cutaneous lesions.

G Give the medical terms for the following.

1. baldness _____
2. bluish black mark (macule) caused by hemorrhages into the skin _____
3. itching _____
4. acute allergic reaction in which red, round wheals develop on the skin _____
5. blackhead _____
6. small, pinpoint hemorrhages _____

H Match the pathologic skin condition with its description below.

acne vulgaris	gangrene	scleroderma
basal cell carcinoma	impetigo	squamous cell carcinoma
decubitus ulcer	malignant melanoma	systemic lupus erythematosus
eczema	psoriasis	tinea

1. malignant neoplasm originating in scale-like cells of the epidermis _____
2. buildup of sebum and keratin in pores of the skin leading to papular and pustular eruptions

3. fungal skin infection _____
4. chronic disease marked by hardening and shrinking of connective tissue in the skin

5. bed sore _____
6. necrosis of skin tissue resulting from ischemia _____
7. chronic or acute inflammatory skin disease with erythematous, pustular, or papular lesions

8. widespread inflammatory disease of the joints and collagen of the skin with “butterfly” rash on the face _____
9. cancerous tumor composed of melanocytes _____
10. chronic, recurrent dermatosis marked by silvery-gray scales covering red patches on the skin

11. malignant neoplasm originating in the basal layer of the epidermis _____
12. contagious, infectious pyoderma _____

I Circle the term that best fits the definition given.

1. contagious parasitic infection with intense pruritus: (**scleroderma**, scabies)
2. measles: (**rubella**, rubeola)
3. chickenpox: (**varicella**, eczema)
4. thickened excess cicatrix (scar): (**tinea**, keloid)
5. white patches on mucous membrane of tongue or inner cheek: (**leukoplakia**, albinism)
6. characterized by a rash: (**gangrene**, exanthematous)
7. thickening of epidermis related to sunlight exposure: (**actinic keratosis**, callus)
8. small, pinpoint hemorrhages: (**psoriasis**, petechiae)
9. large blisters: (**bullae**, pustules)
10. hyperpigmented macule or papule of skin (mole): (**nevus**, verruca)
11. sac of fluid and hair over sacral region: (**ecchymosis**, pilonidal cyst)
12. acute allergic reaction in which hives develop: (**vitiligo**, urticaria)

J Describe the following types of burns.

1. second-degree burn _____
2. first-degree burn _____
3. third-degree burn _____

K Match the following medical terms with their more common meanings below.

alopecia	exanthem	tinea pedis
comedones	nevi	urticaria
decubitus ulcer	pruritus	verrucae
ecchymosis	seborrheic dermatitis	vesicles

1. blackheads _____
2. moles _____
3. baldness _____
4. itching _____
5. hives _____
6. bedsore _____
7. warts _____
8. athlete's foot _____
9. "black-and-blue" mark _____
10. dandruff _____
11. blisters _____
12. rash _____

L Describe how the following conditions affect the skin.

1. pyoderma _____
2. xerosis _____
3. leukoderma _____
4. erythema _____
5. callus _____
6. keloid _____
7. gangrene _____

M Give short answers to complete the following sentences.

1. Two skin tests for allergy are _____ and _____ .
2. The _____ test is an intradermal test for diphtheria.
3. The _____ test and the _____ test are skin tests for tuberculosis.
4. Purulent means _____ .
5. A surgical procedure to core out a disk of skin for microscopic analysis is a/an _____ .
6. The procedure in which thin layers of a malignant growth are removed and each is examined under the microscope is _____ .
7. A type of skin cancer associated with AIDS and marked by dark blue-purple lesions over the skin is _____ .
8. Abnormal, premalignant moles are _____ .
9. Removal of skin tissue using a cut parallel to the surface of the surrounding skin is called a/an _____ .
10. Destruction of tissue using intensely cold temperatures is _____ .
11. Scraping away skin to remove acne scars and fine wrinkles on the skin is _____ .
12. Removal of subcutaneous fat tissue by aspiration is _____ .
13. Destruction of tissue using an electric spark is _____ .
14. Use of a sharp, spoon-like instrument to scrape away tissue is _____ .

N Circle the term that best completes the meaning of the sentence.

1. Since he was a teenager, Jim had had red, scaly patches on his elbows and the front of his knees. Dr. Horn diagnosed Jim's dermatologic condition as (**vitiligo, impetigo, psoriasis**) and prescribed a special cream.
2. Clarissa noticed a rash across the bridge of her nose and aching in her joints. She saw a rheumatologist, who did some blood work and diagnosed her condition as (**rheumatoid arthritis, systemic lupus erythematosus, scleroderma**).
3. Bea had large red plaques develop all over her trunk and neck after eating shrimp. The doctor prescribed hydrocortisone cream to relieve her itching (**seborrhea, acne, urticaria**).
4. The poison ivy Maggie touched caused very uncomfortable (**pruritus, calluses, keratosis**), and she was scratching her arms raw.
5. Kelly was fair-skinned with red hair. She had many benign nevi on her arms and legs, but Dr. Keefe was especially worried about one pigmented lesion with an irregular, raised border, which he biopsied and found to be malignant (**melanoma, Kaposi sarcoma, pyoderma**).
6. After 5 days of high fever, 3-year-old Sadie developed a red rash all over her body. The pediatrician described it as a viral (**eczema, purpura, exanthem**) and told her mother it was a case of (**rubeola, impetigo, scabies**).
7. Several months after her surgery, Mabel's scar became raised and thickened and grew beyond the boundaries of the incision. It had (**atrophied, stratified, hypertrophied**), and her physician described it as a (**nevus, verruca, keloid**).
8. Perry had a bad habit of biting his nails and picking at the (**follicle, cuticle, subcutaneous tissue**) surrounding his nails. Often, he developed inflammation and swelling of the soft tissue around the nail, a condition known as (**onychomycosis, onycholysis, paronychia**).
9. Brenda noticed a small papillomatous wart on her hand. Her (**oncologist, dermatologist, psychologist**) explained that it was a (**pustule, polyp, verruca**) and was caused by a (**bacterium, virus, toxin**). The doctor suggested removing it by (**Mohs surgery, cryosurgery, dilation and curettage**).
10. Sarah, a teenager, was self-conscious about the inflammatory lesions of papules and pustules on her face. She noticed blackheads or (**wheals, bullae, open comedones**) and whiteheads (closed comedones). She was advised to begin taking antibiotics and applying topical medications to treat her (**acne vulgaris, scleroderma, gangrene**).

ANSWERS TO EXERCISES

A

- | | | |
|--------------|--------------------|-------------|
| 1. adipocyte | 5. basal layer | 8. dermis |
| 2. lunula | 6. stratum corneum | 9. keratin |
| 3. collagen | 7. sebum | 10. cuticle |
| 4. melanin | | |

B

- | | |
|----------------|--|
| 1. epidermis | 5. dermatophytosis or dermatomycosis (tinea) |
| 2. diaphoresis | 6. causalgia |
| 3. seborrhea | |
| 4. paronychia | |

C

- | | | |
|------|------|-------|
| 1. C | 5. H | 8. F |
| 2. I | 6. D | 9. G |
| 3. E | 7. A | 10. B |
| 4. J | | |

D

- | | | |
|-----------------|------------------|-------------------|
| 1. subcutaneous | 5. epidermolysis | 8. hypertrichosis |
| 2. anhidrosis | 6. xanthoma | 9. onychomycosis |
| 3. keratosis | 7. subungual | 10. rhytidectomy |
| 4. ichthyosis | | |

E

- | | | |
|---------------|----------------|----------------|
| 1. black | 8. dry | 15. heat, burn |
| 2. fat | 9. hair | 16. fat |
| 3. scale-like | 10. redness | 17. wrinkle |
| 4. yellow | 11. white | 18. pus |
| 5. fungus | 12. scaly, dry | 19. water |
| 6. nail | 13. sweat | 20. skin |
| 7. hair | 14. nail | |

F

- | | | |
|------------|-----------------|-------------|
| 1. pustule | 5. crust (scab) | 9. nodule |
| 2. wheal | 6. polyp | 10. fissure |
| 3. cyst | 7. macule | 11. ulcer |
| 4. vesicle | 8. erosion | 12. papule |

G

- | | |
|---------------|--------------|
| 1. alopecia | 4. urticaria |
| 2. ecchymosis | 5. comedo |
| 3. pruritus | 6. petechiae |

H

- | | | |
|----------------------------|---------------------------------|--------------------------|
| 1. squamous cell carcinoma | 5. decubitus ulcer | 9. malignant melanoma |
| 2. acne vulgaris | 6. gangrene | 10. psoriasis |
| 3. tinea | 7. eczema | 11. basal cell carcinoma |
| 4. scleroderma | 8. systemic lupus erythematosus | 12. impetigo |

I

- | | | |
|--------------|----------------------|--------------------|
| 1. scabies | 5. leukoplakia | 9. bullae |
| 2. rubeola | 6. exanthematous | 10. nevus |
| 3. varicella | 7. actinic keratosis | 11. pilonidal cyst |
| 4. keloid | 8. petechiae | 12. urticaria |

J

- | | | |
|--|---|--|
| 1. damage to the epidermis and dermis with blisters, erythema, and hyperesthesia | 2. damage to the epidermis with erythema and hyperesthesia; no blisters | 3. destruction of both epidermis and dermis and damage to subcutaneous layer |
|--|---|--|

K

- | | | |
|--------------|--------------------|---------------------------|
| 1. comedones | 5. urticaria | 9. ecchymosis |
| 2. nevi | 6. decubitus ulcer | 10. seborrheic dermatitis |
| 3. alopecia | 7. verrucae | 11. vesicles |
| 4. pruritus | 8. tinea pedis | 12. exanthem |

L

- | | | |
|-------------------------------------|---|---|
| 1. collections of pus in the skin | 5. increased growth of epidermal horny-layer cells due to excess pressure or friction | 6. thickened, hypertrophied scar tissue |
| 2. dry skin | | 7. necrosis (death) of skin tissue |
| 3. white patches of skin (vitiligo) | | |
| 4. redness of skin | | |

M

- | | | |
|-----------------------------|--------------------|------------------------|
| 1. scratch test; patch test | 6. Mohs surgery | 11. dermabrasion |
| 2. Schick | 7. Kaposi sarcoma | 12. liposuction |
| 3. Mantoux; PPD | 8. dysplastic nevi | 13. electrodesiccation |
| 4. pus-filled | 9. shave biopsy | 14. curettage |
| 5. punch biopsy | 10. cryosurgery | |

N

- | | | |
|---------------------------------|--------------------------|---|
| 1. psoriasis | 5. melanoma | 9. dermatologist; verruca; virus; cryosurgery |
| 2. systemic lupus erythematosus | 6. exanthem; rubeola | 10. open comedones; acne vulgaris |
| 3. urticaria | 7. hypertrophied; keloid | |
| 4. pruritus | 8. cuticle; paronychia | |

Answers to Practical Applications

- | | |
|------|------|
| 1. c | 4. c |
| 2. a | 5. a |
| 3. b | |



PRONUNCIATION OF TERMS

To test your understanding of the terminology in this chapter, write the meaning of each term in the space provided. In addition, you may wish to cover the terms and write them by looking at your definitions. Make sure your spelling is correct. The page number after each term indicates where it is defined or used in the book, so you can easily check your responses. You will find complete definitions for all of these terms and their audio pronunciations on the Evolve website.

Pronunciation Guide

ā as in āpe	ă as in ăpple
ē as in ēven	ě as in ěvery
ī as in īce	ĩ as in ĩnterest
ō as in ōpen	ő as in pőt
ū as in ūnit	ű as in űnder

Terminology

TERM	PRONUNCIATION	MEANING
adipocyte (657)	ĂD-ĭ-pō-sīt	
adipose (658)	ĂD-ĭ-pōs	
albinism (658)	ĂL-bĭ-nĭzm	
albino (657)	ăl-BĪ-nō	
anhidrosis (658)	ăn-hĭ-DRŌ-sīs	
apocrine sweat gland (657)	ĂP-ō-krĭn swĕt glănd	
basal layer (657)	BĂ-săl LĂ-ěr	
causalgia (658)	kăw-ZĂL-jă	
collagen (657)	KŌL-ă-jĕn	
cuticle (657)	KŪ-tĭ-kl	
dermabrasion (658)	dĕrm-ă-BRĂ-zhŭn	
dermatitis (658)	dĕr-mă-TĪ-tŭs	
dermatologist (658)	dĕr-mă-TŌL-ō-jĭst	
dermatophytosis (660)	dĕr-mă-tō-fi-TŌ-sīs	
dermis (657)	DĚR-mĭs	
diaphoresis (658)	dĭ-ă-fŏr-RĒ-sīs	
eccrine sweat gland (657)	Ĕ-krĭn swĕt glănd	
electrocautery (658)	ĕ-lĕk-trō-KĂW-tĕr-ĕ	
epidermis (657)	ĕp-ĭ-DĚR-mĭs	
epidermolysis (658)	ĕp-ĭ-dĕr-MŌL-ĭ-sīs	
epithelium (657)	ĕp-ĭ-THĒL-ĕ-ŭm	
erythema (658)	ĕr-ĭ-THĒ-mă	
erythematous (658)	ĕr-ĭ-THĒ-mă-tŭs	
hair follicle (657)	hār FŌL-ĭ-kl	

TERM	PRONUNCIATION	MEANING
hypertrichosis (661)	hī-pēr-trī-KŌ-sīs	
ichthyosis (658)	īk-thē-Ō-sīs	
integumentary system (657)	īn-tēg-ū-MĚN-tār-ē SĪS-tēm	
keratin (657)	KĚR-ă-tīn	
keratosis (659)	kēr-ă-TŌ-sīs	
leukoplakia (659)	lōō-kō-PLĀ-kē-ă	
lipoma (659)	lī-PŌ-mă <i>or</i> lī-PŌ-mă	
liposuction (659)	lī-pō-SŪK-shun	
lunula (657)	LŪ-nū-lă	
melanin (657)	MĚL-ă-nīn	
melanocyte (659)	mě-LĀN-ō-sīt	
mycosis (660)	mī-KŌ-sīs	
onycholysis (660)	ōn-ī-KŌL-ī-sīs	
onychomycosis (660)	ōn-ī-kō-mī-KŌ-sīs	
paronychia (660)	pār-ō-NĪK-ē-ă	
paronychium (657)	pār-ōn-NĪK-ē-um	
pilosebaceous (660)	pī-lō-sě-BĀ-shŭs	
pore (657)	PŌR	
pyoderma (660)	pī-ō-DĚR-mă	
rhytidectomy (660)	rīt-ī-DĚK-tō-mē	
sebaceous gland (657)	sě-BĀ-shŭs glănd	
seborrhea (660)	sěb-ō-RĚ-ă	
seborrheic dermatitis (660)	sěb-ō-RĚ-īk dēr-mă-TĪ-tīs	
sebum (657)	SĚ-bŭm	
squamous epithelium (657)	SKWĀ-mŭs ĕp-ī-THĚ-lē-ŭm	
steatoma (661)	stē-ă-TŌ-mă	
stratified (657)	STRĀT-ī-fid	
stratum; (<i>pl.</i> strata) (657)	STRĀ-tŭm; STRĀ-tă	
stratum corneum (657)	STRĀ-tŭm KŌR-nē-ŭm	
subcutaneous layer (657)	sŭb-kŭ-TĀ-nē-ŭs LĀ-ěr	
subungual (661)	sŭb-ŪNG-wăl	
xanthoma (661)	zăn-THŌ-mă	
xerosis (661)	zēr-Ō-sīs	

Pathology; Laboratory Tests and Clinical Procedures

TERM	PRONUNCIATION	MEANING
abscess (662)	ĂB-sēs	
acne (664)	ĂK-nē	
alopecia areata (664)	ăl-ō-PĒ-shē-ă ār-ē-ĂT-ă	
atopic dermatitis (666)	ă-TŎP-ĭk dēr-mă-TĪ-tīs	
bacterial analyses (673)	băk-TĒR-ē-ăl ă-NĂL-ĭ-sēz	
basal cell carcinoma (672)	BĂ-săl sěl kār-sĭ-NŌ-mă	
bulla; bullae (662)	BŬL-ă; BŬL-ē	
burns (665)	bŭrnz	
callus (670)	KĂL-ŭs	
cellulitis (666)	sěl-ŭ-LĪ-tīs	
cicatrix (670)	SĪK-ă-trĭks	
comedo; comedones (664)	KŎM-ĕ-dō; kŏm-ĕ-DŎNZ	
crust (662)	krŭst	
cryosurgery (673)	krĭ-ō-SŬR-gēr-ē	
curettage (673)	kŭ-rĕ-TĂZH	
cyst (662)	sĭst	
decubitus ulcer (662)	dē-KŬ-bĭ-tŭs ŬL-sēr	
dysplastic nevi (671)	dĭs-PLĂS-tik NĒ-vĭ	
ecchymosis; ecchymoses (664)	ĕk-ĭ-MŎ-sĭs; ĕk-ĭ-MŎ-sēz	
eczema (666)	ĔK-zĕ-mă	
electrodesiccation (673)	ĕ-lĕk-trō-dĕ-sĭ-KĂ-shun	
erosion (662)	ĕ-RŎ-zhŭn	
exanthematous viral disease (666)	ĕg-zăn-THĔM-ă-tŭs VĪ-răl dĭ-ZĔZ	
fissure (662)	FĪSH-ŭr	
fungal tests (674)	FŬNG-ăl tĕsts	
gangrene (667)	găng-GRĔN	
impetigo (667)	ĭm-pĕ-TĪ-gō	
Kaposi sarcoma (672)	KĂH-pō-sē sār-KŎ-mă	
keloid (670)	KĒ-loyd	
keratosis (670)	kĕr-ă-TŎ-sĭs	

TERM	PRONUNCIATION	MEANING
macule (662)	MĀK-ūl	
malignant melanoma (672)	mă-LĪG-nānt mē-lă-NŌ-mă	
Mohs surgery (673)	mōz SŪR-jě-rē	
nevus; nevi (671)	NĒ-vūs; NĒ-vī	
nodule (662)	NŌD-ūl	
papule (662)	PĀP-ūl	
petechia; petechiae (664)	pě-TĒ-kē-ă; pě-TĒ-kē-ī	
pilonidal cyst (662)	pī-lō-NĪ-dāl sīst	
polyp (662)	PŌL-īp	
pruritus (664)	proo-RĪ-tūs	
psoriasis (668)	sō-RĪ-ă-sīs	
purpura (664)	PŪR-pŭr-ă	
pustule (662)	PŪS-tŭl	
rubella (666)	roo-BĒL-ă	
rubeola (666)	roo-bē-Ō-lă	
scabies (668)	SKĀ-bēz	
scleroderma (668)	sklēr-ō-DĒR-mă	
sebaceous cyst (661)	sě-BĀ-shŭs sīst	
skin biopsy (674)	skīn BĪ-ōp-sē	
skin test (674)	skīn tĕst	
squamous cell carcinoma (672)	SKWĀ-mŭs sĕl kār-sī-NŌ-mă	
systemic lupus erythematosus (668)	sīs-TĒM-īk LOO-pŭs ēr-ī-thē-mă-TŌ-sŭs	
tinea (669)	TĪN-ē-ă	
ulcer (662)	ŪL-sĕr	
urticaria (670)	ŭr-tī-KĀ-rē-ă	
varicella (666)	văr-ī-SĒL-ă	
verruca; verrucae (671)	vě-ROO-kă; vě-ROO-kē	
vesicle (662)	VĒS-ī-kl	
vitaligo (670)	vīt-īl-Ī-gō	
wheel (662)	wĕl	



REVIEW SHEET

Write the meanings of the word parts in the spaces provided, and test yourself. Check your answers with the information in the chapter or in the Glossary (Medical Word Parts—English) at the end of the book.

Combining Forms

COMBINING FORM	MEANING	COMBINING FORM	MEANING
adip/o	_____	melan/o	_____
albin/o	_____	myc/o	_____
caus/o	_____	onych/o	_____
cauter/o	_____	phyt/o	_____
cutane/o	_____	pil/o	_____
derm/o	_____	py/o	_____
dermat/o	_____	rhytid/o	_____
diaphor/o	_____	seb/o	_____
erythem/o	_____	sebac/o	_____
erythemat/o	_____	squam/o	_____
hidr/o	_____	steat/o	_____
hydr/o	_____	trich/o	_____
ichthy/o	_____	ungu/o	_____
kerat/o	_____	xanth/o	_____
leuk/o	_____	xer/o	_____
lip/o	_____		

Suffixes

SUFFIX	MEANING	SUFFIX	MEANING
-algia	_____	-osis	_____
-derma	_____	-ous	_____
-esis	_____	-plakia	_____
-lysis	_____	-plasty	_____
-ose	_____	-rrhea	_____

Give combining forms for the following (first letters are given).

fat	a _____	sweat	d _____
	l _____		h _____
	s _____	yellow	x _____
white	a _____	dry	x _____
	l _____	dry, scaly (fish-like)	i _____
skin	c _____	redness	e _____
	d _____		e _____
nail	o _____	hard	k _____
	u _____	heat, burn	c _____
hair	p _____	black	m _____
	t _____	fungus	m _____
plant	p _____		

Identify the following skin conditions:



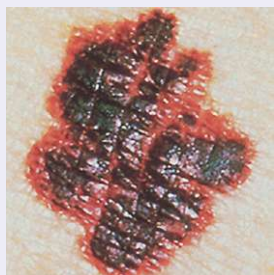
A.



B.



C.



D.



E.



F.



G.



H.



I.

CHAPTER 17

Sense Organs: The Eye and the Ear

This chapter is divided into the following sections:

Introduction, 696

THE EYE, 696

Vocabulary, 700

Terminology, 702

ERRORS OF REFRACTION, 706

Pathology, 708

Clinical Procedures, 712

Abbreviations, 716

THE EAR, 716

Vocabulary, 719

Terminology, 720

Pathology, 722

Clinical Procedures, 724

Abbreviations, 725

In Person: Retinal Detachment, 726

Practical Applications, 727

Exercises, 728

Answers to Exercises, 737

Pronunciation of Terms, 740

Review Sheet, 745

CHAPTER GOALS

- Identify locations and functions of the major parts of the eye and the ear.
- Name the combining forms, prefixes, and suffixes most commonly used to describe these organs and their parts.
- Describe the abnormal conditions that may affect the eye and the ear.
- Identify clinical procedures that pertain to ophthalmology and otology.
- Apply your new knowledge to understanding medical terms in their proper contexts, such as medical reports and records.



INTRODUCTION

The **eye** and the **ear** are sense organs, like the skin, taste buds, and **olfactory** (centers of smell in the nose) regions. As such, they are receptors whose sensitive cells may be activated by a particular form of energy or stimulus in the external or internal environment. The sensitive cells in the eye and ear respond to the stimulus by initiating a series of nerve impulses along sensory nerve fibers that lead to the brain.

No matter what stimulus affects a particular receptor, the resulting sensation is determined by regions in the brain connected to that receptor. Thus, mechanical injury that stimulates receptor cells in the eye and the ear may produce sensations of vision (flashes of light) and sound (ringing in the ears). If a workable connection could be made between the sensitive receptor cells of the ear and the area in the brain associated with sight, it would be possible to “see” sounds.

Figure 17-1 reviews the general pattern of events when such stimuli as light and sound are applied to sense organs such as the eye and the ear.

THE EYE

ANATOMY AND PHYSIOLOGY

Label Figure 17-2 as you read the following:

Light rays enter the central dark opening of the eye, the **pupil** [1], which is surrounded by the colored portion of the eye, or **iris** (see the photo inset). The **conjunctiva** [2] is a membrane lining the inner surfaces of the eyelids and anterior portion of the eyeball over the white of the eye. The conjunctiva is clear and almost colorless except when blood vessels are dilated. Dust and smoke may cause the blood vessels to dilate, giving the conjunctiva a reddish appearance—commonly known as bloodshot eyes.

Before entering the eye through the pupil, light passes through the **cornea** [3]. The cornea is a fibrous, transparent tissue that extends like a dome over the pupil and iris. The function of the cornea is to bend, or **refract**, the rays of light so they are focused properly on the sensitive receptor cells in the posterior region of the eye. The normal, healthy cornea is avascular (has no blood vessels) but receives nourishment from blood vessels near its junction with the opaque white of the eye, the **sclera** [4]. Corneal transplants for people with scarred or opaque corneas are often successful because antibodies responsible for rejection of foreign tissue usually do not reach the avascular, transplanted corneal tissue. The sclera is a fibrous layer under the conjunctiva. It extends from the cornea on the anterior surface of the eyeball to the optic nerve in the back of the eye.

The **choroid** [5] is a dark brown membrane inside the sclera. It contains many blood vessels that supply nutrients to the eye. The choroid is continuous with the pigment-containing **iris** [6] and the **ciliary body** [7] on the anterior surface of the eye. The choroid, iris, and ciliary body are known as the **uvea** of the eye.

The iris is the colored portion of the eye (it can appear blue, green, hazel, gray, or brown), which has a circular opening in the center that forms the pupil. Muscles of the iris constrict

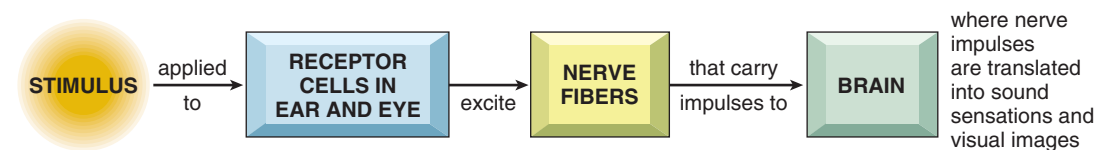


FIGURE 17-1 Pattern of events in the stimulation of a sense organ.

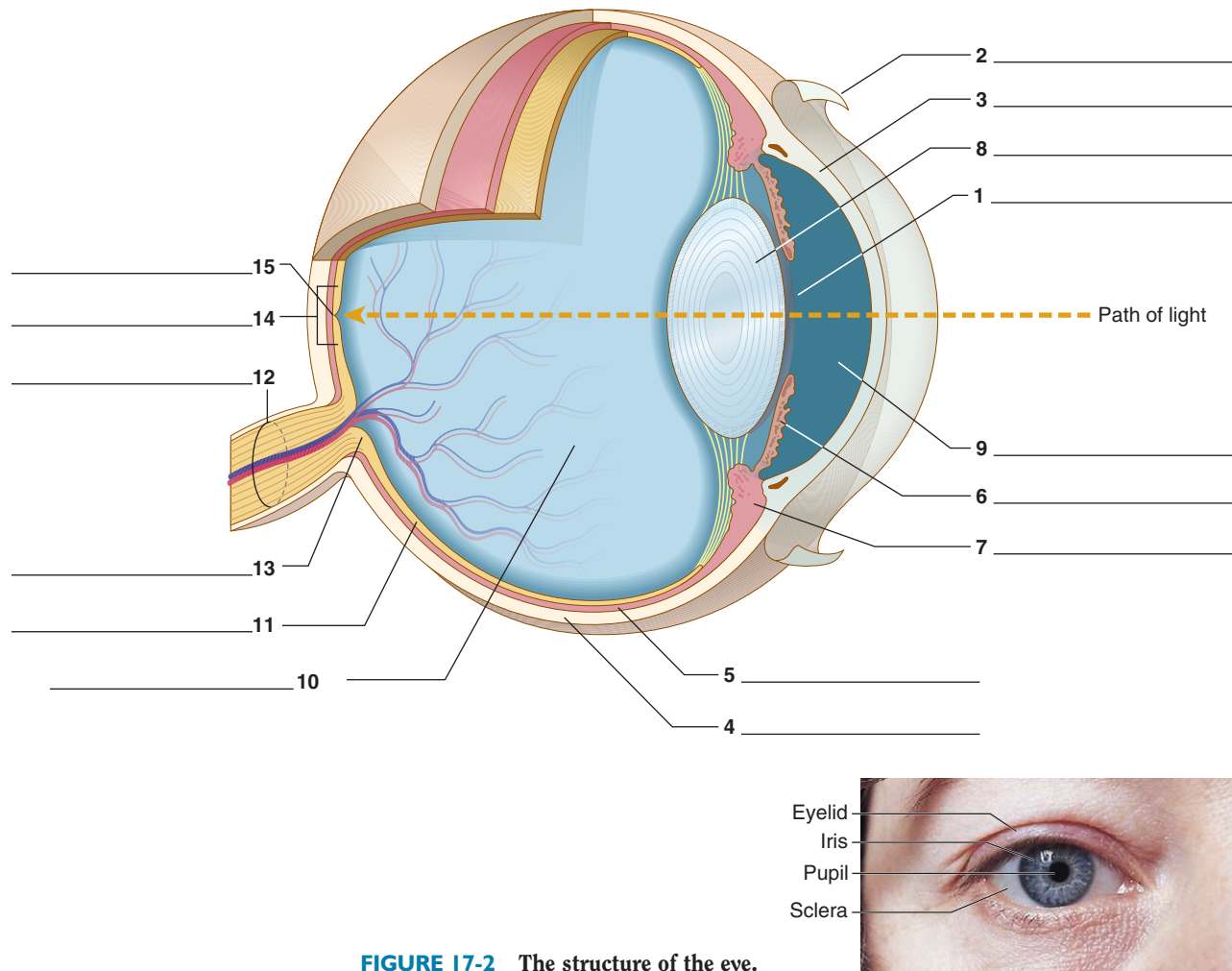


FIGURE 17-2 The structure of the eye.

the pupil in bright light and dilate the pupil in dim light, thereby regulating the amount of light entering the eye.

The ciliary body surrounds the outside of the **lens** [8] in a circular fashion for 360 degrees. There are fine thread-like attachments (zonules) that connect the ciliary body and the lens and allow the muscles in the ciliary body to adjust the shape and thickness of the lens. These changes in the shape of the lens cause **refraction** of light rays. Refraction is the bending of rays as they pass through the cornea, lens, and other tissues. Muscles of the ciliary body produce flattening of the lens (for distant vision) and thickening and rounding of the lens (for close vision). This refractory adjustment to focus on an object from far to near is called **accommodation**.

Besides regulating the shape of the lens, the ciliary body also secretes a fluid called **aqueous humor**, which is found in the **anterior chamber** [9] of the eye. Aqueous humor maintains the shape of the anterior portion of the eye and nourishes the structures in that region. The fluid is constantly produced and leaves the eye through a canal that carries it into the bloodstream. Another cavity of the eye is the **vitreous chamber**, which is a large region behind the lens filled with a soft, jelly-like material, the **vitreous humor** [10]. Vitreous humor maintains the shape of the eyeball and is not constantly re-formed. Its escape (due to trauma or surgical damage) may result in significant damage to the eye, leading to possible retinal damage and blindness. Both the aqueous and the vitreous humors further refract light rays.

The **retina** [11] is the thin, delicate, and sensitive nerve layer of the eye. As light energy, in the form of waves, travels through the eye, it is refracted (by the cornea, lens, and fluids), so that it focuses on sensitive receptor cells of the retina called the **rods** and **cones**. There are approximately 6.5 million cones and 120 million rods in the retina. The cones function in bright levels of light and are responsible for color and central vision. There are three types of cones, each stimulated by one of the primary colors in light (red, green, or blue). Most cases of color blindness affect either the green or the red receptors, so that the two colors cannot be distinguished from each other. Rods function at reduced levels of light and are responsible for peripheral vision.

When light rays are focused on the retina, a chemical change occurs in the rods and cones, initiating nerve impulses that then travel from the eye to the brain via the **optic nerve** [12]. The region in the eye where the optic nerve meets the retina is called the **optic disc** [13]. Because there are no light receptor cells in the optic disc, it is known as the blind spot of the eye. The **macula** [14] is a small, oval, yellowish area adjacent to the optic disc. It contains a central depression called the **fovea centralis** [15], which is composed largely of cones and is the location of the sharpest vision in the eye. If a portion of the fovea or macula is damaged, vision is reduced and central-vision blindness occurs. Figure 17-3 shows the retina of a normal eye as seen through an ophthalmoscope.

Figure 17-4 illustrates what happens when you look at an object and “see” it. If an object is in your left visual field (purple area), sensitive cells—rods and cones—in the right half of

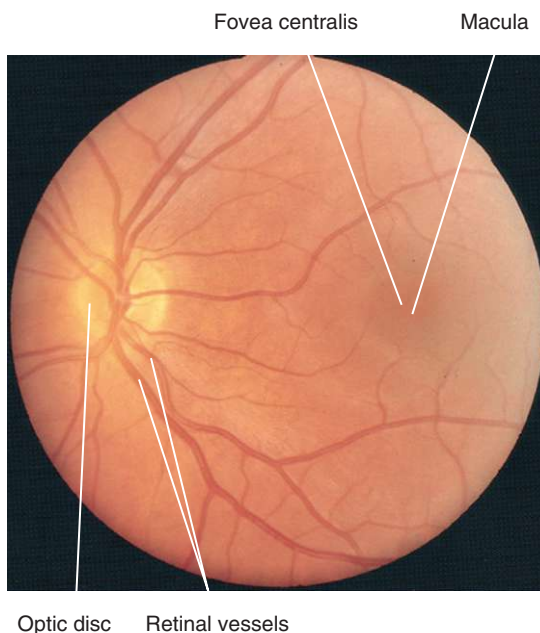


FIGURE 17-3 The posterior, inner part (**fundus**) of the eye, showing the retina as seen through an ophthalmoscope.

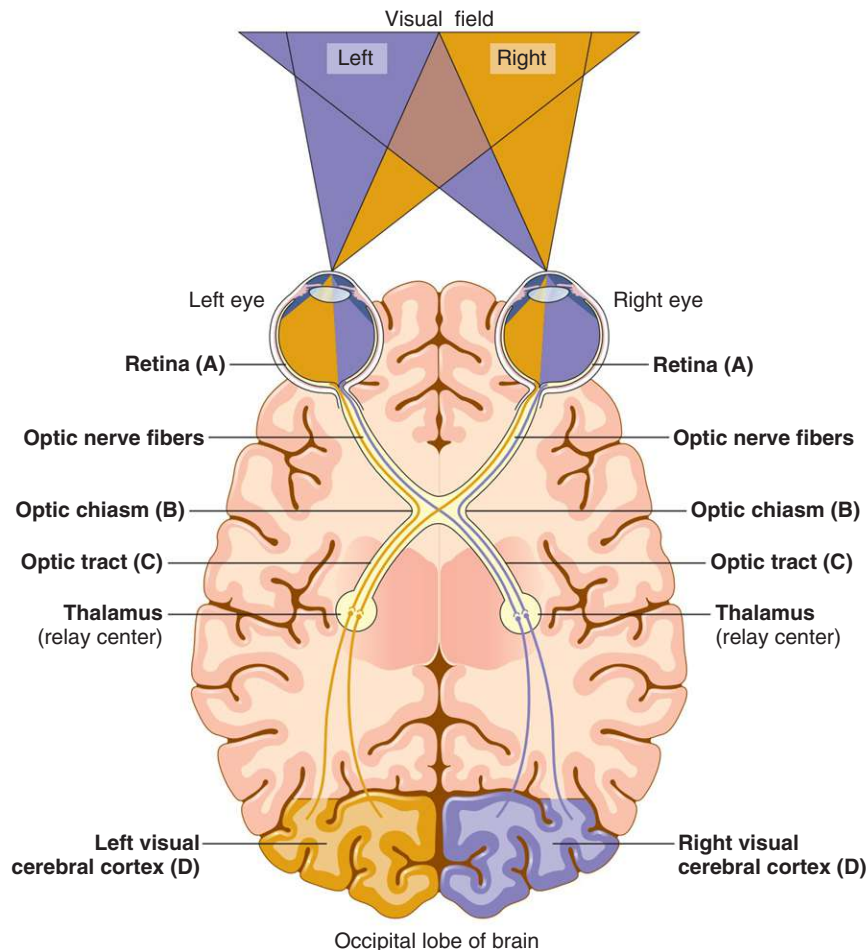


FIGURE 17-4 Visual pathway from the retina (A) to the visual cerebral cortex (D) (occipital lobe of the brain). Objects in the left visual field are “seen” by the right side of the brain, whereas objects in the right visual field are projected into the left visual cerebral cortex.

each **retina** (labeled A in the figure) are stimulated. Similarly, if an object is in your right visual field (orange color), rods and cones are stimulated in the left half of each retina. Nervous impulses then travel along optic nerve fibers from each retina and then merge to form the **optic chiasm** (B). Here, medial or nasal optic nerve fibers cross and temporal fibers do not. Thus, fibers from the right half of each retina (purple color) form an **optic tract** (C) leading, via the **thalamus** (relay center), to the **right visual cerebral cortex** (D). Similarly, fibers from the left half of each retina (orange color) form an optic tract leading to the **left visual cerebral cortex** (D). Images (one from each eye) are then fused in the occipital lobe of the brain, producing a single visual sensation with the three-dimensional effect. This is **binocular vision**.

Brain damage to nerve cells in the right visual cerebral cortex (such as in a stroke) causes loss of vision in the left visual field (purple), whereas damage in the left cerebral cortex causes loss of vision in the right visual field (gold). This loss of vision, which occurs in both eyes, on the contralateral (opposite side) visual field is called **hemianopsia** (**hemi-** means half, **an-** means without, **-opsia** means vision). In the right eye, the loss is on the left nasal visual field, and in the left eye, the loss is on the left temporal visual field.

Figure 17-5 reviews the pathway of light rays from the cornea to the cerebral cortex of the brain.

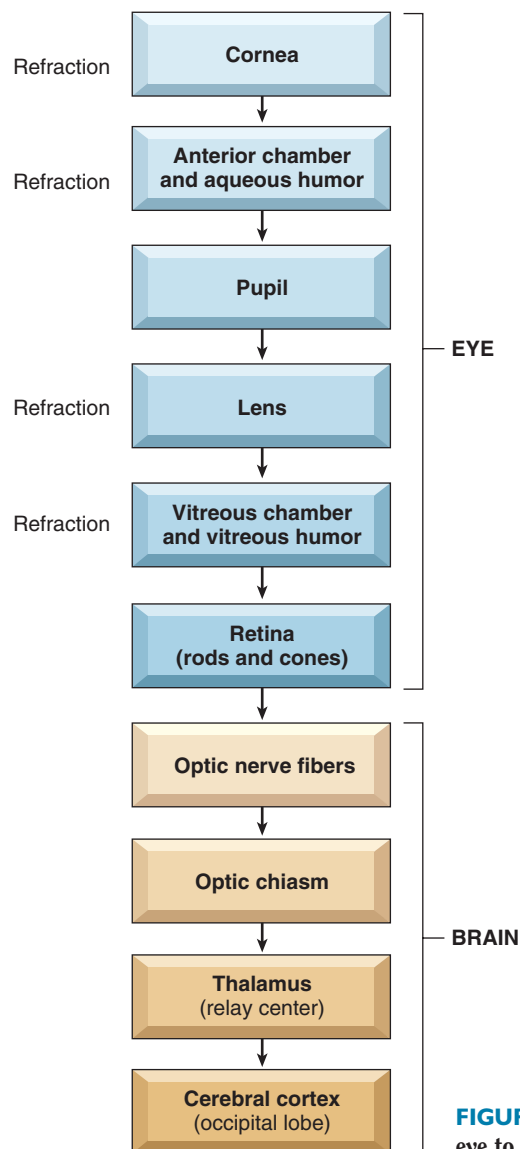


FIGURE 17-5 Pathway of light rays from the cornea of the eye to the cerebral cortex of the brain.



VOCABULARY—THE EYE

This list reviews many new terms related to the eye introduced in the text. Short definitions reinforce your understanding of the terms. Refer to the Pronunciation of Terms on page 740 for help with unfamiliar or difficult words.

accommodation	Normal adjustment of the eye to focus on objects from far to near. The ciliary body adjusts the lens (rounding it) and the pupil constricts. When the eye focuses from near to far, the ciliary body flattens the lens and the pupil dilates.
anterior chamber	Area behind the cornea and in front of the lens and iris. It contains aqueous humor.
aqueous humor	Fluid produced by the ciliary body and found in the anterior chamber. A humor (Latin <i>humidus</i> means moist) is any body fluid, including blood and lymph.

biconvex	Consisting of two surfaces that are rounded, elevated, and curved evenly, like part of a sphere. The lens of the eye is a biconvex body.
choroid	Middle, vascular layer of the eye, between the retina and the sclera.
ciliary body	Structure surrounding the lens that connects the choroid and iris. It contains ciliary muscles, which control the shape of the lens, and it secretes aqueous humor.
cone	Photoreceptor cell in the retina that transforms light energy into a nerve impulse. Cones are responsible for color and central vision.
conjunctiva	Delicate membrane lining the undersurface of the eyelids and covering the anterior eyeball.
cornea	Fibrous transparent layer of clear tissue that extends over the anterior portion of the eyeball. Derived from Latin <i>corneus</i> , meaning horny, perhaps because as it protrudes outward, it was thought to resemble a horn.
fovea centralis	Tiny pit or depression in the retina that is the region of clearest vision.
fundus of the eye	Posterior, inner part of the eye.
iris	Pigmented (colored) layer that opens and closes to allow more or less light into the eye. The central opening of the iris is the pupil.
lens	Transparent, biconvex body behind the pupil of the eye. It bends (refracts) light rays to bring them into focus on the retina.
macula	Yellowish region on the retina lateral to and slightly below the optic disc; contains the fovea centralis, which is the area of clearest vision.
optic chiasm	Point at which optic nerve fibers cross in the brain (Latin <i>chiasma</i> means crossing).
optic disc	Region at the back of the eye where the optic nerve meets the retina. It is the blind spot of the eye because it contains only nerve fibers, no rods or cones, and is thus insensitive to light.
optic nerve	Cranial nerve carrying impulses from the retina to the brain (cerebral cortex).
pupil	Central opening of the eye, surrounded by the iris, through which light rays pass. It appears dark.
refraction	Bending of light rays by the cornea, lens, and fluids of the eye to bring the rays into focus on the retina. Refract means to break (-fract) back (re-).
retina	Light-sensitive nerve cell layer of the eye containing photoreceptor cells (rods and cones).
rod	Photoreceptor cell of the retina essential for vision in dim light and for peripheral vision.
sclera	Tough, white outer coat of the eyeball.
thalamus	Relay center of the brain. Optic nerve fibers pass through the thalamus on their way to the cerebral cortex.
vitreous humor	Soft, jelly-like material behind the lens in the vitreous chamber; helps maintain the shape of the eyeball.



TERMINOLOGY—THE EYE

Write the meanings of the medical terms related to the eye in the spaces provided.

COMBINING FORMS: STRUCTURES AND FLUIDS

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
aque/o	water	aqueous humor _____	
blephar/o	eyelid (see palpebr/o)	blepharitis _____ <i>Figure 17-6A.</i>	
		blepharoptosis _____ <i>Pronounced blĕf-ă-rŏp-TŌ-sis. Also called ptosis. This condition may be caused by abnormalities of the eyelid muscle or by nerve damage.</i>	
conjunctiv/o	conjunctiva	conjunctivitis _____ <i>Commonly called pinkeye (Figure 17-6B). Conjunctivitis occurs when blood vessels dilate from allergens like pollen (allergic conjunctivitis), bacterial infection (bacterial conjunctivitis), or virus (viral conjunctivitis).</i>	
cor/o	pupil (see pupill/o)	anisocoria _____ <i>Anis/o means unequal. Anisocoria may be an indication of neurologic injury or disease (Figure 17-7A).</i>	

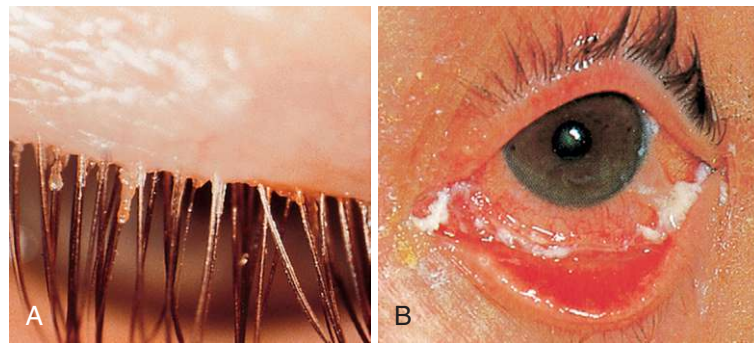


FIGURE 17-6 **A, Blepharitis.** Notice the crusting on the eyelid and eyelashes. **B, Acute bacterial conjunctivitis.** Notice the discharge of pus characteristic of this highly contagious infection of the conjunctiva.

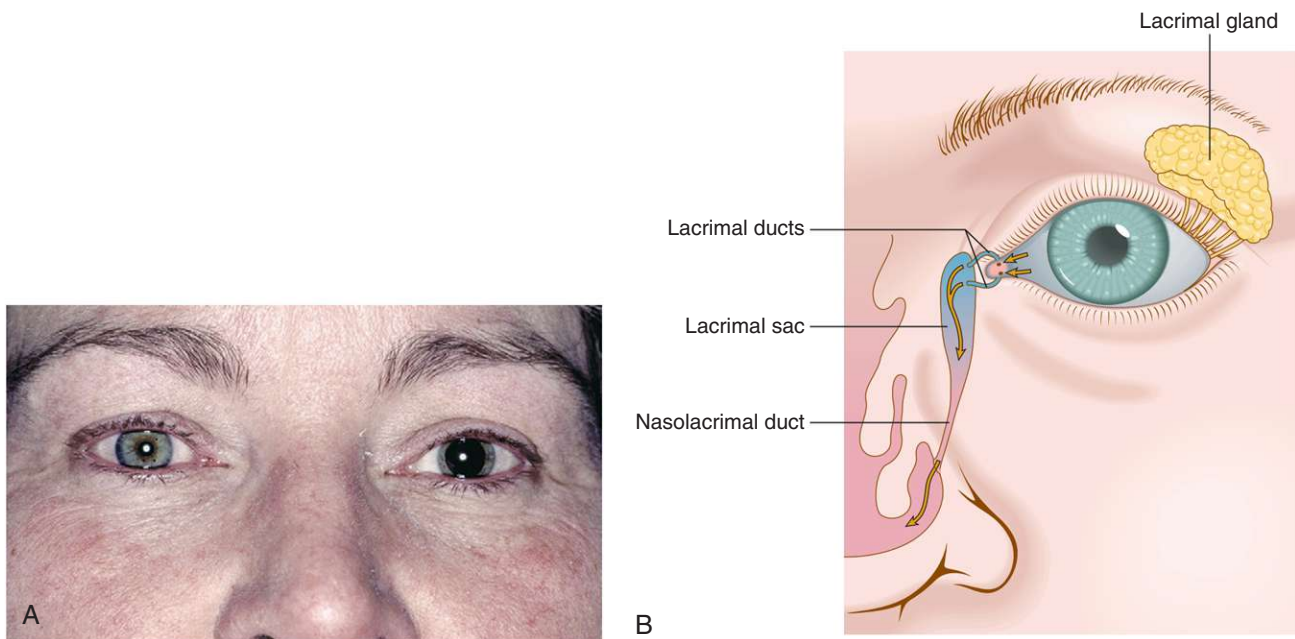




FIGURE 17-7 A, Anisocoria. B, Lacrimal (tear) gland and ducts.

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
corne/o	cornea (see kerat/o)	<u>corneal</u> abrasion _____	
cycl/o	ciliary body or muscle of the eye	<u>cycloplegic</u> _____	
dacry/o	tears, tear duct (see lacrim/o)	<u>dacryoadenitis</u> _____ <i>Figure 17-7B shows the lacrimal gland and lacrimal ducts.</i>	
ir/o, irid/o	iris (colored portion of the eye around the pupil)	<u>iritis</u> _____ <i>Characterized by pain, sensitivity to light, and lacrimation. A corticosteroid is prescribed to reduce inflammation.</i>	
		<u>iridic</u> _____	
		<u>iridectomy</u> _____ <i>A portion of the iris is removed to improve drainage of aqueous humor or to extract a foreign body.</i>	
kerat/o	cornea	<u>keratitis</u> _____ <i>Note that kerat/o here does not refer to keratin (protein in skin tissue).</i>	
lacrim/o	tears	<u>lacrimal</u> _____	
		<u>lacrimation</u> _____	
ocul/o	eye	<u>intraocular</u> _____	

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
ophthalm/o	eye	<u>ophthalmologist</u> _____ <i>Medical doctor who specializes in treating disorders of the eye.</i>	
		<u>ophthalmic</u> _____	
		<u>ophthalmoplegia</u> _____	
opt/o, optic/o	eye, vision	<u>optic</u> _____	
		<u>optometrist</u> _____ <i>Nonmedical professional who can examine eyes to determine vision problems and prescribe lenses; a doctor of optometry (OD).</i>	
		<u>optician</u> _____ <i>Nonmedical professional who grinds lenses and fits glasses but cannot prescribe lenses.</i>	
palpebr/o	eyelid	<u>palpebral</u>  _____	
papill/o	optic disc; nipple-like	<u>papilledema</u> _____ <i>The suffix -edema means swelling. This condition is associated with increased intracranial pressure and hyperemia (increased blood flow) in the region of the optic disc.</i>	
phac/o, phak/o	lens of the eye	<u>phacoemulsification</u> _____ <i>Technique of cataract extraction using ultrasonic vibrations to fragment (emulsify) the lens and aspirate it from the eye.</i>	
		<u>aphakia</u> _____ <i>This may be congenital, but most often it is the result of extraction of a cataract (clouded lens) without placement of an artificial lens (pseudophakia).</i>	
pupill/o	pupil	<u>pupillary</u> _____	
retin/o	retina	<u>retinitis</u> _____ <i>Retinitis pigmentosa is a genetic disorder (pigmented scar forms on the retina) that destroys retinal rods. Decreased vision and night blindness (nyctalopia) occur.</i>	
		hypertensive <u>retinopathy</u> _____ <i>Lesions such as narrowing of arterioles, microaneurysms, hemorrhages, and exudates (fluid leakage) are found on examination of the fundus.</i>	
scler/o 	sclera (white of the eye); hard	<u>corneoscleral</u> _____	
		<u>scleritis</u> _____	

**Palpebral/Palpable**

Don't confuse *palpebral* with *palpable*, which means detectable or distinguishable by touch.

**scler/o**

The combining form *scler/o* also means hard, as in **scleroderma** (a hardening and thickening of the skin) and arterios**sclerosis** (hardening of arteries with collection of plaque).

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
uve/o	uvea; vascular layer of the eye (iris, ciliary body, and choroid)	<u>uve</u> itis _____	
vitre/o	glassy	<u>vitre</u> ous humor _____	

COMBINING FORMS: CONDITIONS

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
ambly/o	dull, dim	<u>ambly</u> opia _____ <i>The suffix -opia means vision. Amblyopia is unilateral or bilateral reduction of visual acuity. Early in life (before age 7 to 10) ocular misalignment, such as with strabismus, uncorrected errors of refraction, or other eye disorders, can lead to amblyopia (also known as lazy eye).</i>	
dipl/o	double	<u>dip</u> lopia _____	
glauc/o	gray	<u>glau</u> coma _____ <i>Here, -oma means mass or collection of fluid (aqueous humor). The term comes from the dull gray-green color of the affected eye in advanced cases. See page 709.</i>	
mi/o	smaller, less	<u>mio</u> sis _____ <i>Contraction of the pupil. A miotic is a drug (such as pilocarpine) that causes the pupil to contract.</i>	
mydr/o	widen, enlarge	<u>mydri</u> asis _____ <i>Enlargement of pupils. Tropicamide, atropine, and cocaine cause dilation, or enlargement, of pupils.</i>	
nyct/o	night	<u>nyctal</u> opia _____ <i>-opia means vision; -al comes from Greek ala, meaning blindness. Night blindness is poor vision at night but good vision on bright days. Deficiency of vitamin A leads to nyctalopia.</i>	
phot/o	light	<u>photo</u> phobia _____ <i>Sensitivity to light.</i>	
presby/o	old age	<u>presby</u> opia _____ <i>See page 707.</i>	
scot/o	darkness	<u>scoto</u> ma _____ <i>Area of decreased vision surrounded by an area of normal vision; a blind spot. This can result from damage to the retina or the optic nerve.</i>	
xer/o	dry	<u>xero</u> phthalmia _____	

SUFFIXES

SUFFIX	MEANING	TERMINOLOGY	MEANING
-opia	vision	hyperopia _____ <i>Hypermetropia (farsightedness).</i>	
-opsia	vision	hemianopsia _____ <i>Absence of vision in half of the visual field (space of vision of each eye). Stroke victims frequently have damage to the brain on one side of the visual cortex and experience hemianopsia (the visual loss is in the right or the left visual field of both eyes).</i>	
-tropia	to turn	esotropia _____ <i>Inward (eso-) turning of an eye. Exotropia is an outward turning of an eye. These conditions are examples of strabismus (defect in eye muscles so that both eyes cannot be focused on the same point at the same time).</i>	

ERRORS OF REFRACTION

astigmatism

Defective curvature of the cornea or lens of the eye.

This problem results from one or more abnormal curvatures of the cornea or lens. This causes light rays to be unevenly and not sharply focused on the retina, so that the image is distorted. A cylindrical lens placed in the proper position in front of the eye can correct this problem (Figure 17-8A).


hyperopia (hypermetropia)

Farsightedness.

As Figure 17-8B illustrates, the eyeball in this condition is too short or the refractive power of the lens is too weak. Parallel rays of light tend to focus behind the retina, which results in a blurred image. A convex lens (thicker in the middle than at the sides) bends the rays inward before they reach the cornea, and thus the rays can be focused properly on the retina.

myopia

Nearsightedness.

In myopia  the eyeball is too long (front to back) or the refractive power of the lens so strong that light rays do not properly focus on the retina. The image perceived is blurred because the light rays are focused in front of the retina. Concave glasses (thicker at the periphery than in the middle) correct this condition because the lenses spread the rays out before they reach the cornea, so that they can be properly focused directly on the retina (Figure 17-8C).

**Myopia/Miotic**

In this term, my- comes from Greek *myein*, meaning to shut, referring to the observation that myopic persons frequently peer through half-closed eyelids. Don't confuse **myopia** with **miotic**, which is a drug that contracts the pupil of the eye.

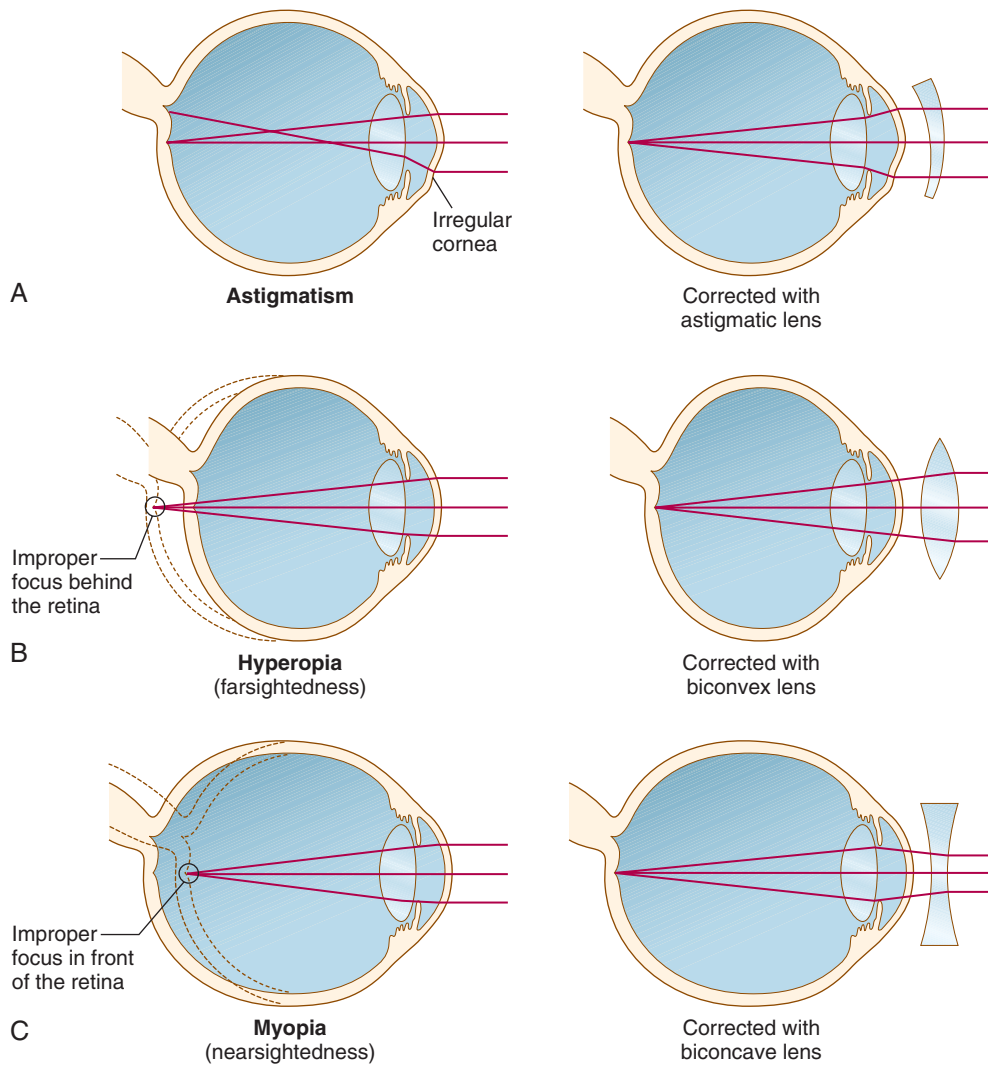


FIGURE 17-8 Errors of refraction. **A**, Astigmatism and its correction. **B**, Hyperopia and its correction. **C**, Myopia and its correction. *Dashed lines in B and C indicate the contour and size of the normal eye.*

presbyopia

Impairment of vision as a result of old age.

With increasing age, loss of elasticity of the ciliary body impairs its ability to adjust the lens for accommodation to near vision. The lens of the eye cannot become fat to bend the rays coming from near objects (less than 20 feet). The light rays focus behind the retina, as in hyperopia. Therefore, a convex lens is needed to refract the rays coming from objects closer than 20 feet.

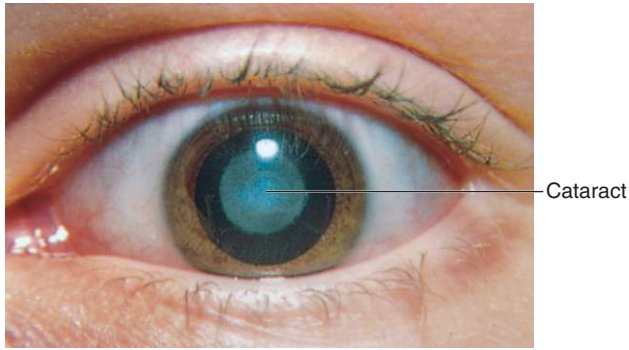


FIGURE 17-9 Cataract. The lens appears cloudy. (Courtesy Ophthalmic Photography at the University of Michigan, WK Kellogg Eye Center, Ann Arbor. From Black JM, Hawks JH: *Medical-Surgical Nursing: Clinical Management for Positive Outcomes*, 7th ed., Philadelphia, Saunders, 2005.)

PATHOLOGY—THE EYE

cataract

Clouding of the lens, causing decreased vision (Figure 17-9).

A cataract is a type of degenerative eye disease (protein in the lens aggregates and clouds vision) and is linked to the process of aging (senile cataracts). Some cataracts, however, are present at birth, and others occur with diabetes mellitus, ocular trauma, and prolonged high-dose corticosteroid administration. Vision appears blurred as the lens clouds over and becomes opaque. Lens cloudiness can be seen with an ophthalmoscope or the naked eye. Surgical removal of the lens with implantation of an artificial lens behind the iris (the preferred position) is the method of treatment. If an intraocular lens cannot be inserted, the patient may wear eyeglasses or contact lenses to help refraction.

chalazion

Small, hard, cystic mass (granuloma) on the eyelid.

Chalazions (kā-LĀ-zē-ōnz) are formed as a result of chronic inflammation of a sebaceous gland (meibomian gland) along the margin of the eyelid (Figure 17-10). They often require incision and drainage.

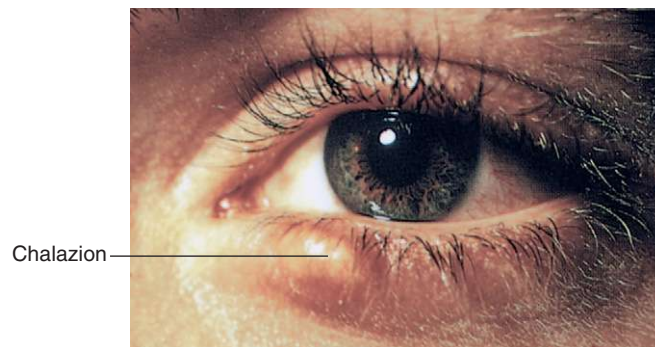


FIGURE 17-10 Chalazion. (Courtesy Ophthalmic Photography at the University of Michigan, WK Kellogg Eye Center, Ann Arbor. From Black JM, Hawks JH, Keene AM: *Medical-Surgical Nursing*, 5th ed., Philadelphia, Saunders, 1997.)

diabetic retinopathy

Retinal effects of diabetes mellitus include microaneurysms, hemorrhages, dilation of retinal veins, and neovascularization (new blood vessels form in the retina).

Macular edema occurs as fluid leaks from blood vessels into the retina and vision is blurred. **Exudates** (fluid leaking from the blood) appear in the retina as yellow-white spots. Laser photocoagulation and vitrectomy (see pages 715 and 716) are helpful for patients in whom hemorrhaging has been severe. The latest treatment for diabetic macular edema involves injecting medications into the vitreous jelly. Corticosteroids and agents that promote regression of abnormal blood vessels are used to decrease fluid leakage and neovascularization.

glaucoma

Increased intraocular pressure results in damage to the retina and optic nerve with loss of vision.

Intraocular pressure is elevated because of the inability of aqueous humor to drain from the eye and enter the bloodstream. Normally, aqueous humor is formed by the ciliary body, flows into the anterior chamber, and leaves the eye at the angle where the cornea and the iris meet. If fluid cannot leave or too much fluid is produced, pressure builds up in the anterior chamber (Figure 17-11).

Glaucoma is diagnosed by means of **tonometry** (see page 713), with an instrument applied externally to the eye after administration of local anesthetic. Acute glaucoma is marked by extreme ocular pain, blurred vision, redness of the eye, and dilation of the pupil. If untreated, it causes blindness. Chronic glaucoma may produce no symptoms initially. A patient with glaucoma may experience a gradual loss of peripheral vision, with headaches, blurred vision, and halos around bright lights.

Administration of drugs to lower intraocular pressure can control the condition. Sometimes, laser therapy is used to treat narrow-angle glaucoma by creating a hole in the periphery of the iris (iridotomy), which allows aqueous humor to flow more easily out of the anterior chamber and reduces intraocular pressure. Laser therapy (**trabeculoplasty**) for chronic open-angle glaucoma causes scarring in the drainage angle, which improves aqueous humor outflow and reduces intraocular pressure.

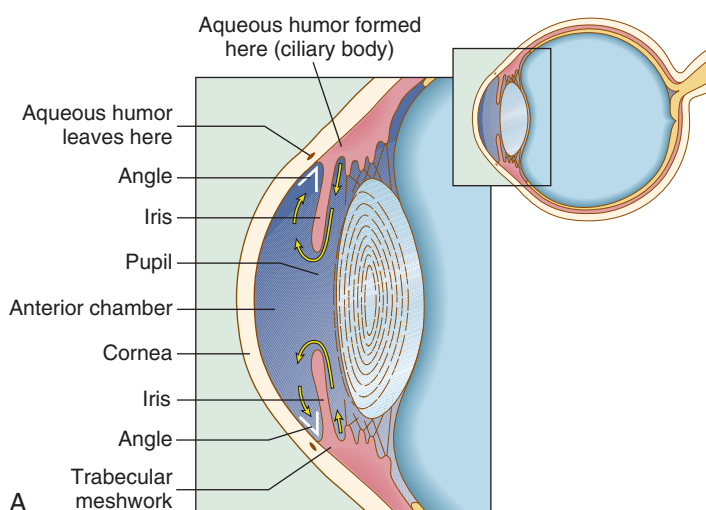


FIGURE 17-11 A, Glaucoma and circulation of aqueous humor. Circulation is impaired in glaucoma, so that aqueous fluid builds up in the anterior chamber. The most common type of glaucoma is **open-angle glaucoma**, in which there are open chamber angles but resistance to the flow of aqueous humor. **B,** How a person with glaucoma would see an image. Damage to the optic nerve usually starts as loss of peripheral vision. (**B,** Courtesy Solomon J. Thompson.)

TABLE 17-1 EYELID ABNORMALITIES

Abnormality	Description
Blepharitis	Inflammation of eyelid, causing redness, crusting, and swelling along lid margins
Chalazion	Granuloma formed around an inflamed sebaceous gland
Dacryocystitis	Blockage, inflammation, and infection of a nasolacrimal duct and lacrimal sac, causing redness and swelling in the region between the nose and the lower lid
Ectropion	Outward sagging and eversion of the eyelid, leading to improper lacrimation and corneal drying and ulceration
Entropion	Inversion of the eyelid, causing the lashes to rub against the eye; corneal abrasion may result
Hordeolum (stye)	Infection of a sebaceous gland producing a small, superficial white nodule along lid margin
Ptosis	Drooping of upper lid margin as a result of neuromuscular problems or trauma
Xanthelasma	Raised yellowish plaque on eyelid caused by lipid disorder (xanth/o = yellow, -elasma = plate)

hordeolum (stye or sty)**Localized, purulent, inflammatory staphylococcal infection of a sebaceous gland in the eyelid.**

Hot compresses may help localize the infection and promote drainage. In some cases, surgical incision may be necessary. Latin *hordeolum* (hör-DE-ō-lūm) means barley corn. See Table 17-1 for a list of common eyelid abnormalities.

macular degeneration**Progressive damage to the macula of the retina.**

Macular degeneration is one of the leading causes of blindness in the elderly. It causes severe loss of central vision (Figure 17-12). Peripheral vision (using the part of the retina that is outside the macular region) is retained.

Macular degeneration occurs in both a “dry” and a “wet” form. The dry form (affecting about 85% of patients) is marked by atrophy and degeneration of retinal cells and deposits of clumps of extracellular debris, or **drusen**. The wet form results from development of new (neovascular) and leaky (exudative) blood vessels close to the macula.

There is no treatment for the dry form of macular degeneration except attempting to slow the progression of the disease by taking vitamin and mineral supplements, and actions such as smoking cessation. Wet macular degeneration may be treated with laser photocoagulation of the leaking vessels and injection of medication into the vitreous jelly that promotes regression of abnormal blood



FIGURE 17-12 (A) Picture as seen with **normal vision**. (B) The same picture as it would appear to someone with **macular degeneration**. (Photograph shows Solomon, Ben, Bebe, Gus, and Louisa with proud grandparents.)

vessels. Unfortunately, in many cases, patients with wet macular degeneration have more severe vision loss, and success of treatment is limited.

nystagmus

Repetitive rhythmic movements of one or both eyes.

Brain tumors or diseases of the inner ear may cause nystagmus. Nystagmus is normal in newborns.

retinal detachment

Two layers of the retina separate from each other.

Trauma to the eye, head injuries, bleeding, scarring from infection, or shrinkage of the vitreous humor can produce holes or tears in the retina and result in the separation of layers. Patients often experience **photopsia** (bright flashes of light) and **floaters** (black spots or filmy shapes), which are vitreous clumps that detach from the retina. Later, they notice a shadow or curtain falling across the field of vision. In some cases, floaters may be a sign of a retinal hole, tear, or detachment caused by pigmented cells from the damaged retina or bleeding that has occurred as a result of a detachment. See the *In Person* story on page 726.

Photocoagulation (making pinpoint burns to form scar tissue and seal holes) and cryotherapy (creating a “freezer burn” that forms a scar and knits a tear together) are used to repair smaller retinal tears. For larger retinal detachments, a **scleral buckle** (see page 715) made of silicone is sutured to the sclera directly over the detached portion of the retina to push the two retinal layers together. In selected retinal detachments, a procedure called **pneumatic retinopexy** is performed. A gas bubble is injected into the vitreous cavity to put pressure on the area of retinal tear until the retina is reattached.

strabismus

Abnormal deviation of the eye.

A failure of the eyes to look in the same direction because of weakness of a muscle controlling the position of one eye (Figure 17-13). Different forms of strabismus include **esotropia** (one eye turns inward; cross-eyed), **exotropia** (one eye turns outward; wall-eyed), **hypertropia** (upward deviation of one eye), and **hypotropia** (downward deviation of one eye). Treatment may include medications in the form of eye drops, corrective lenses, eye exercises with patching of the normal eye, or surgery to restore muscle balance.

In children, strabismus may lead to **amblyopia** (partial loss of vision or lazy eye). Amblyopia is reversible until the retina is fully developed, at the age of 7 to 10 years. When strabismus develops in an adult, **diplopia** (double vision) is a common problem.

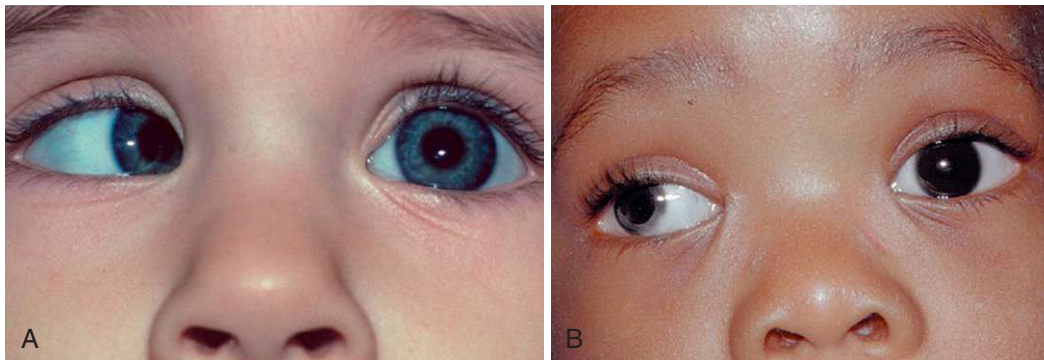


FIGURE 17-13 Strabismus. A, Esotropia. B, Exotropia.

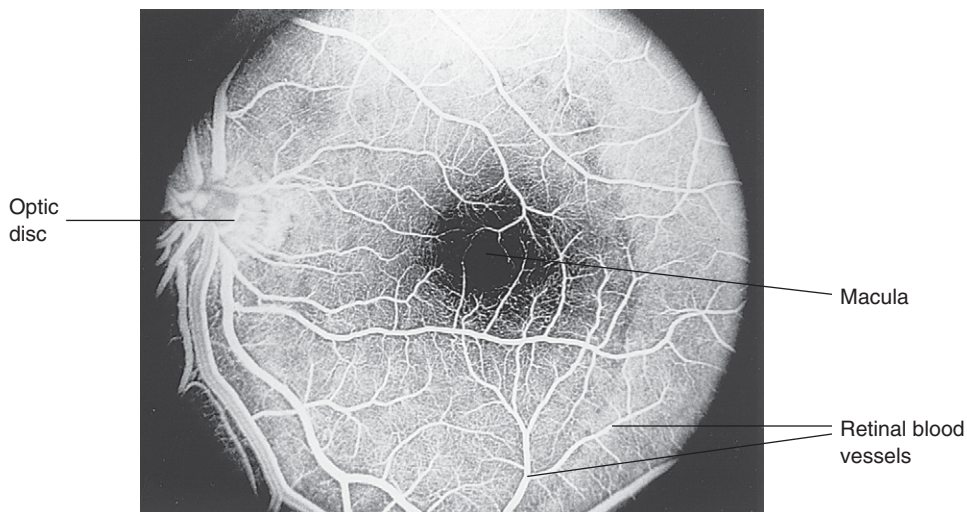


FIGURE 17-14 Normal eye seen on fluorescein angiogram.

CLINICAL PROCEDURES—THE EYE

DIAGNOSTIC

fluorescein angiography

Intravenous injection of fluorescein (a dye) followed by serial photographs of the retina through dilated pupils.

This test provides diagnostic information about blood flow in the retina, detects vascular changes in diabetic and hypertensive retinopathy, and identifies lesions in the macular area of the retina (Figure 17-14).

ophthalmoscopy

Visual examination of the interior of the eye.

Ideally, the pupil is dilated and the physician holds the ophthalmoscope close to the patient's eye, shining the light into the back of the eye (Figure 17-15). Ophthalmologists may also use special lenses in conjunction with a hand lamp or a slit lamp (Figure 17-16).

slit lamp microscopy

Examination of anterior ocular structures under microscopic magnification.

This procedure provides a magnified view of the conjunctiva, sclera, cornea, anterior chamber, iris, lens, and vitreous. Devices attached to a slit lamp expand



FIGURE 17-15 Ophthalmoscopy. In addition to examining the cornea, lens, and vitreous humor for opacities (cloudiness), the examiner can see the blood vessels at the back of the eye (fundus) and note degenerative changes in the retina.



FIGURE 17-16 Slit lamp examination measuring intraocular pressure by tonometry.

the scope of the examination. **Tonometry** (ton/o = tension) measures intraocular pressure to detect glaucoma (see Figure 17-16). Special magnifying lenses also permit examination of the fundus, as with a direct ophthalmoscope. 🌈

visual acuity test

Clarity of vision is assessed (Figure 17-17A).

A patient reads from a **Snellen chart** at 20 feet (distance vision test). Visual acuity is expressed as a ratio, such as 20/20. The first number is the distance the patient is standing from the chart. The second number is the distance at which a person with normal vision could read the same line of the chart. If the best a patient can see is the 20/200 line, then at 20 feet the patient can see what a “healthy” eye sees at 200 feet.

Mirrors are used so that measurements can be taken at less than 20 feet and still be equivalent to those for vision measured at 20 feet.

visual field test

Measurement of the area (peripheral and central) within which objects are seen when the eyes are fixed, looking straight ahead without movement of the head (Figure 17-17B).

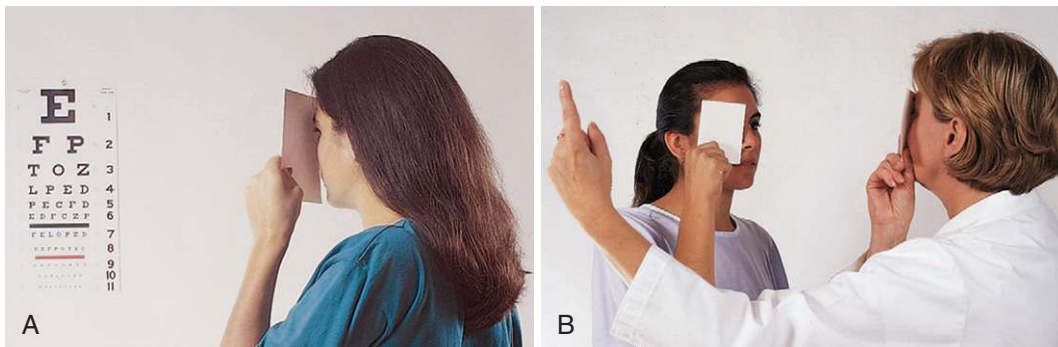


FIGURE 17-17 A, The Snellen chart assesses visual acuity. B, Visual fields are examined by comparing the patient's field of vision with that of the examiner's (assuming the examiner's is normal).



Direct Ophthalmoscopy and Slit Lamp Microscopy

As part of a visual examination, both of these procedures are often used. **Direct ophthalmoscopy** examines the fundus and interior of the eye, whereas **slit lamp microscopy** visualizes the anterior part of the eye.

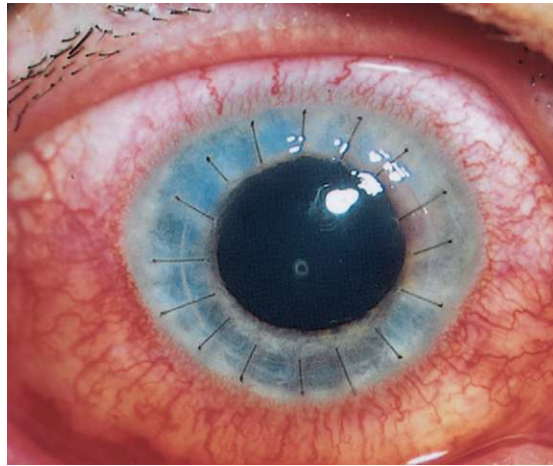


FIGURE 17-18 Clinical appearance of the eye after keratoplasty. (Courtesy Ophthalmic Photography at the University of Michigan, WK Kellogg Eye Center, Ann Arbor. From Black JM, Hawks JH: *Medical-Surgical Nursing: Clinical Management for Positive Outcomes*, 7th ed., Philadelphia, Saunders, 2005, p. 1958.)

TREATMENT

enucleation

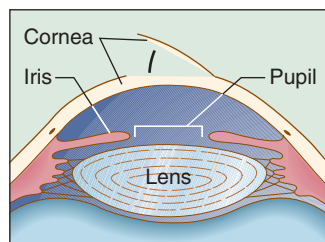
Removal of the entire eyeball.

This surgical procedure is necessary to treat tumors such as ocular melanoma (malignant tumor of pigmented cells in the choroid layer) or if an eye has become blind and painful from trauma or disease, such as glaucoma.

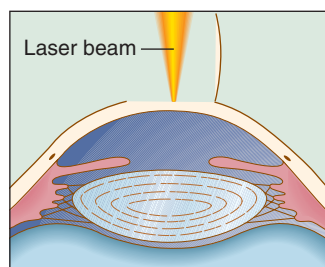
keratoplasty

Surgical repair of the cornea.

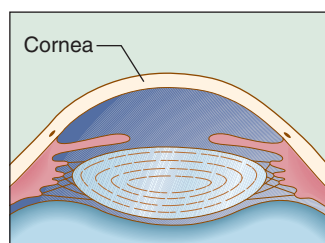
Also known as a **corneal transplant** procedure (**penetrating keratoplasty**). The ophthalmic surgeon removes the patient's scarred or opaque cornea and replaces it with a donor cornea ("button" or graft), which is sutured into place (Figure 17-18).



(1)



(2)



(3)

A



FIGURE 17-19 A, LASIK refractive surgery: (1). An instrument to cut the cornea (microkeratome) creates a hinged cap of tissue, which then is lifted off the corneal surface. (2). An excimer laser vaporizes and reshapes the cornea to correct the refraction. (3). The corneal flap is replaced. B, Ophthalmologists typically perform LASIK surgery as an office procedure. The patient with corrected vision returns home that day and is visually functioning normally or close to it the next day. (B, Courtesy Eric R. Mandel, MD, Mandel Vision, New York.)

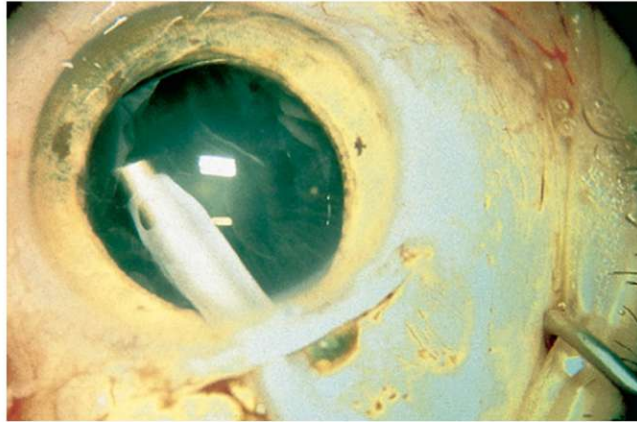


FIGURE 17-20 Phacoemulsification of a cataractous lens through a small scleral tunnel incision.

laser photocoagulation

Intense, precisely focused light beam (argon laser) creates an inflammatory reaction that seals retinal tears and leaky retinal blood vessels.

This procedure is useful to treat retinal tears, diabetic retinopathy, and macular degeneration. Laser is an acronym for light amplification by stimulated emission of radiation.

LASIK

Use of an excimer laser to correct errors of refraction (myopia, hyperopia, and astigmatism).

Performed as an outpatient procedure with use of local anesthesia. The surgeon lifts the top layer of the cornea (a flap is made) and uses a laser to sculpt the cornea. The corneal flap is then repositioned. LASIK is an acronym for laser in situ keratotomy (shaping the cornea) (Figure 17-19).

phacoemulsification

Ultrasonic vibrations break up the lens, which then is aspirated through the ultrasonic probe (Figure 17-20).

This is the typical surgery for cataract removal. The ophthalmic surgeon uses a small, scleral tunnel or self-sealing corneal incision. In most patients, a foldable intraocular lens (IOL) is implanted at the time of surgery.

scleral buckle

Suture of a silicone band to the sclera over a detached portion of the retina.

The band pushes the two parts of the retina against each other to bring together the two layers of the detached retina (Figure 17-21).

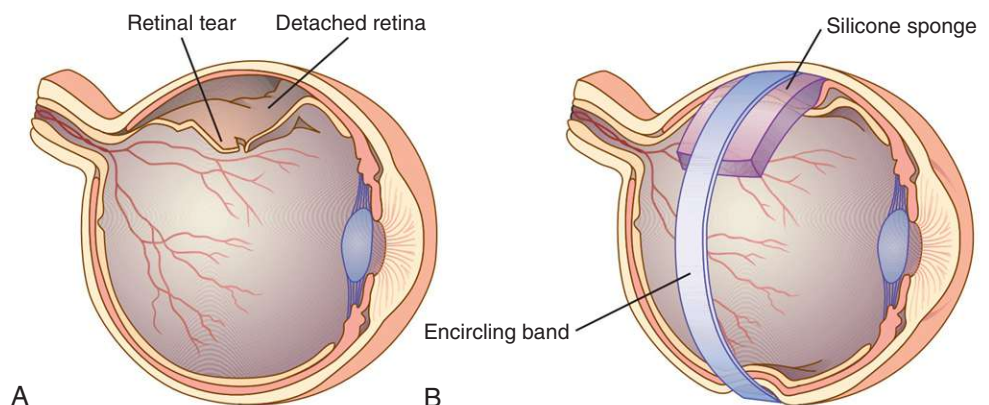


FIGURE 17-21 A, Detached retina. B, Scleral buckling procedure to repair retinal detachment.

vitrectomy**Removal of the vitreous humor.**

The vitreous is replaced with a clear solution. This is necessary when blood and scar tissue accumulate in the vitreous humor (a complication of diabetic retinopathy).



ABBREVIATIONS—THE EYE

AMD	age-related macular degeneration	OU	both eyes (Latin, <i>oculus uterque</i> , “each eye”)
HEENT	head, eyes, ears, nose, and throat	PERRLA	pupils equal, round, reactive to light and accommodation
IOL	intraocular lens	POAG	primary open-angle glaucoma
IOP	intraocular pressure	PRK	photorefractive keratectomy—a laser beam flattens the cornea to correct myopia
LASIK	laser in situ keratomileusis	VA	visual acuity
OD	right eye (Latin, <i>oculus dexter</i>); doctor of optometry (optometrist)	VF	visual field
OS	left eye (Latin, <i>oculus sinister</i>)		

THE EAR

ANATOMY AND PHYSIOLOGY

Sound waves are received by the outer ear, conducted to special receptor cells within the ear, and transmitted by those cells to nerve fibers that lead to the auditory region of the brain in the cerebral cortex. Sensations of sound are perceived within the nerve fibers of the cerebral cortex.

Label Figure 17-22 as you read the following paragraphs describing the anatomy and physiology of the ear.

The ear can be divided into three separate regions: outer ear, middle ear, and inner ear. The outer and middle ears function in the conduction of sound waves through the ear, and the inner ear contains structures that receive the auditory waves and relay them to the brain.

Outer Ear

Sound waves enter the ear through the **pinna**, or **auricle** [1], which is the projecting part, or flap, of the ear. The **external auditory meatus (auditory canal)** [2] leads from the pinna and is lined with numerous glands that secrete a yellowish brown, waxy substance called **cerumen**. Cerumen lubricates and protects the ear.

Middle Ear

Sound waves travel through the auditory canal and strike a membrane between the outer and the middle ear. This is the **tympanic membrane**, or **eardrum** [3]. As the eardrum vibrates, it moves three small bones, or **ossicles**, that conduct the sound waves through the middle ear. These bones, in the order of their vibration, are the **malleus** [4], the **incus** [5], and the **stapes** [6]. As the stapes moves, it touches a membrane called the **oval window** [7], which separates the middle from the inner ear.

Before proceeding with the pathway of sound conduction and reception into the inner ear, an additional structure that affects the middle ear should be mentioned. The **auditory**

or **eustachian tube** [8] is a canal leading from the middle ear to the pharynx. It normally is closed but opens on swallowing. In an efficient way, this tube can prevent damage to the eardrum and shock to the middle and inner ears. Normally the pressure of air in the middle ear is equal to the pressure of air in the external environment; however, if you ascend in the atmosphere, as in flying in an airplane, climbing a high mountain, or riding a fast elevator, the atmospheric pressure, along with that in the outer ear, drops, while the pressure in the middle ear remains the same—greater than in the outer ear. This inequality of air pressure on the inside and outside of the eardrum forces the eardrum to bulge outward and potentially burst if the difference in pressures increases. Swallowing opens the eustachian tube so that air can leave the middle ear and enter the throat until the atmospheric and middle ear pressures are balanced. The eardrum then relaxes, and the danger of its bursting is averted.

Inner Ear

Sound vibrations, having been transmitted by the movement of the eardrum to the bones of the middle ear, reach the inner ear via the fluctuations of the oval window that separates the middle and inner ears. The inner ear is also called the **labyrinth** because of its circular, maze-like structure. The part of the labyrinth that leads from the oval window is a bony, snail shell–shaped structure called the **cochlea** [9]. The cochlea contains special auditory liquids called **perilymph** and **endolymph** through which the vibrations travel. Also present in the cochlea is a sensitive auditory receptor area called the **organ of Corti**. In the organ of Corti, tiny hair cells receive vibrations from the auditory liquids and relay the sound waves to **auditory nerve fibers** [10], which end in the auditory center of the cerebral cortex, where these impulses are interpreted and “heard.”

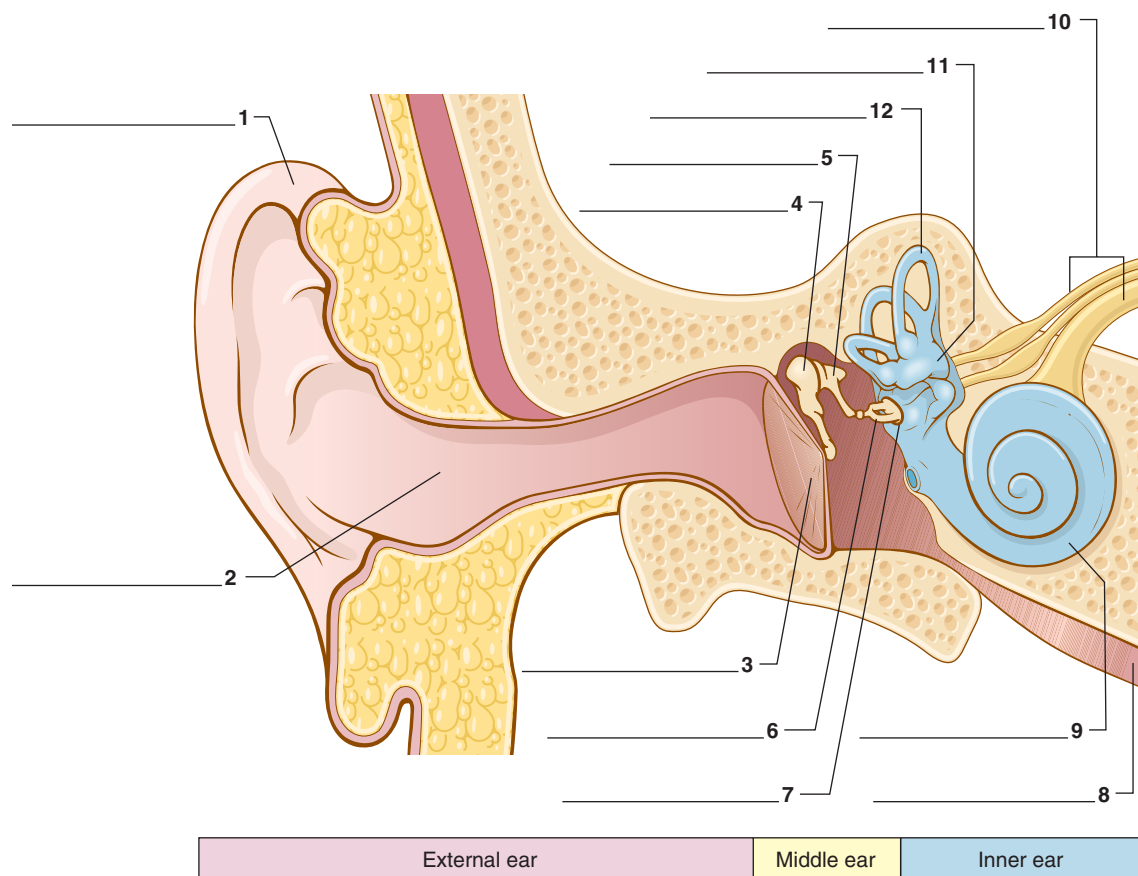


FIGURE 17-22 Anatomy of the ear.

Study Figure 17-23, which is a schematic representation of the pathway of sound vibrations from the outer ear to the brain.

The ear is an important organ of equilibrium (balance), as well as an organ for hearing. Refer back to Figure 17-22. The **vestibule** [11] connects the cochlea (for hearing) to three **semicircular canals** [12] (for balance). The semicircular canals (containing two membranous sacs called the saccule and utricle) contain a fluid, endolymph, as well as sensitive hair cells. In an intricate manner, the fluid and hair cells fluctuate in response to the movement of the head. This sets up impulses in nerve fibers that lead to the brain. Messages are then sent to muscles in all parts of the body to ensure that equilibrium is maintained.

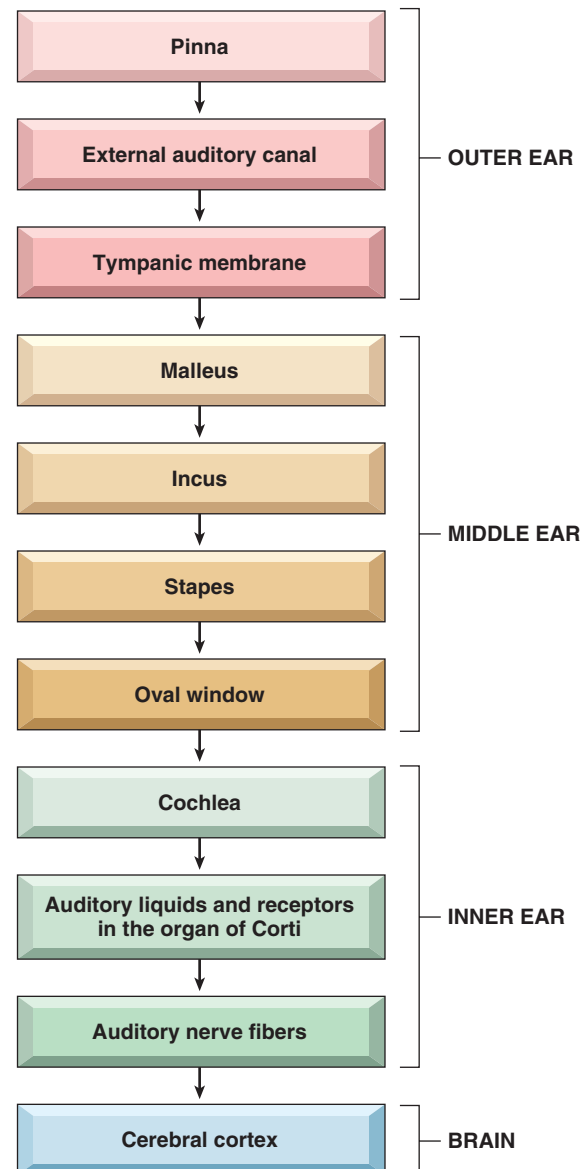


FIGURE 17-23 Pathway of sound vibrations from the outer ear to the brain (cerebral cortex.)



VOCABULARY—THE EAR

This list reviews many new terms related to the ear introduced in the text. Short definitions reinforce your understanding of the terms. Refer to the Pronunciation of Terms on page 743 for help with unfamiliar or difficult words.


auditory canal	Channel that leads from the pinna to the eardrum.
auditory meatus	Auditory canal.
auditory nerve fibers	Carry impulses from the inner ear to the brain (cerebral cortex). These fibers compose the vestibulocochlear nerve (cranial nerve VIII).
auditory tube	Channel between the middle ear and the nasopharynx; eustachian tube .
auricle	Flap of the ear; the protruding part of the external ear, or pinna .
cerumen	Waxy substance secreted by the external ear; also called earwax .
cochlea	Snail shell–shaped, spirally wound tube in the inner ear; contains hearing-sensitive receptor cells.
endolymph	Fluid within the labyrinth of the inner ear.
eustachian tube	Auditory tube.
incus	Second ossicle (bone) of the middle ear; incus means anvil .
labyrinth	Maze-like series of canals of the inner ear. This includes the cochlea, vestibule, and semicircular canals.
malleus	First ossicle of the middle ear; malleus means hammer .
organ of Corti	Sensitive auditory receptor area found in the cochlea of the inner ear.
ossicle	Small bone of the ear; includes the malleus, incus, and stapes.
oval window	Membrane between the middle ear and the inner ear.
perilymph	Fluid contained in the labyrinth of the inner ear.
pinna	Auricle; flap of the ear.
semicircular canals	Passages in the inner ear associated with maintaining equilibrium.
stapes	Third ossicle of the middle ear. Stapes means stirrup .
tympanic membrane	Membrane between the outer and the middle ear; also called the eardrum .
vestibule	Central cavity of the labyrinth, connecting the semicircular canals and the cochlea. The vestibule contains two structures, the saccul e and utricle , that help to maintain equilibrium.



TERMINOLOGY—THE EAR

Write the meanings of the medical terms related to the ear in the spaces provided.

COMBINING FORMS

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
acous/o	hearing	<u>acoustic</u> _____	
audi/o	hearing; the sense of hearing	<u>audiogram</u>  _____	
		<u>audiologist</u> _____	
		<i>A health care professional specializing in the evaluation and rehabilitation of people with hearing loss.</i>	
audit/o	hearing	<u>auditory</u> _____	
aur/o, auricul/o	ear (see ot/o)	<u>aural</u> _____	
		<u>postauricular</u> _____	
cochle/o	cochlea	<u>cochlear</u> _____	
mastoid/o	mastoid process	<u>mastoiditis</u> _____	
		<i>The mastoid process is the posterior portion of the temporal bone extending downward behind the external auditory meatus. Mastoiditis, caused by bacterial infection, spreads from the middle ear.</i>	
myring/o	eardrum, tympanic membrane (see tympan/o)	<u>myringotomy</u> _____	
		<u>myringitis</u> _____	
ossicul/o	ossicle	<u>ossiculoplasty</u> _____	
ot/o	ear	<u>otic</u> _____	
		<u>otomycosis</u> _____	
		<u>otopyorrhea</u> _____	
		<u>otolaryngologist</u> _____	
		<i>An otolaryngologist is a medical doctor specializing in the ear, nose, and throat.</i>	
salping/o	eustachian tube, auditory tube	<u>salpingopharyngeal</u> _____	
		<i>In the context of female reproductive anatomy, salping/o means the fallopian tubes.</i>	



Audiogram/Audiometry

An audiogram is the record (chart) produced when an individual's hearing is tested by **audiometry** (see page 724).

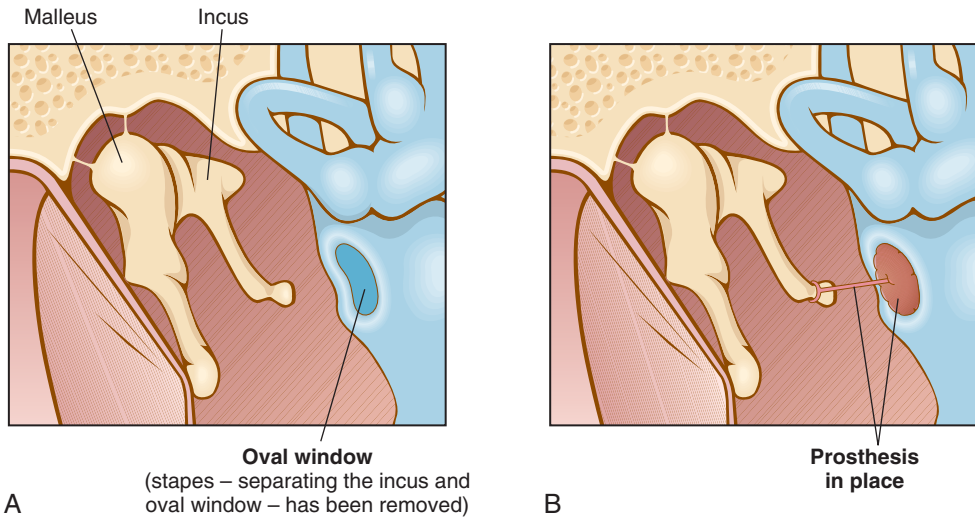


FIGURE 17-24 A, Stapedectomy. Using microsurgical technique and a laser, the stapes bone is removed from the middle ear. **B, A prosthetic device** (wire, Teflon, or metal) is placed into the incus and attached to a hole in the oval window.

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
staped/o	stapes (third bone of the middle ear)	<u>stapedectomy</u> _____ <i>After stapedectomy a prosthetic device is used to connect the incus and the oval window (Figure 17-24). Also see otosclerosis, page 723.</i>	
tympan/o	eardrum, tympanic membrane	<u>tympanoplasty</u> _____ <i>Surgical reconstruction of the bones of the middle ear with reconnection of the eardrum to the oval window. Figure 17-25A shows a normal tympanic membrane (eardrum).</i>	
vestibul/o	vestibule	<u>vestibulocochlear</u> _____	

SUFFIXES

SUFFIX	MEANING	TERMINOLOGY	MEANING
-acusis or -cusis	hearing	<u>hyperacusis</u> _____ <i>Abnormally acute sensitivity to sounds.</i> <u>presbycusis</u> _____ <i>This type of nerve deafness occurs with the process of aging.</i>	
-meter	instrument to measure	<u>audiometer</u> _____	
-otia	ear condition	<u>macrotia</u> _____ <i>Abnormally large ears; congenital anomaly.</i>	

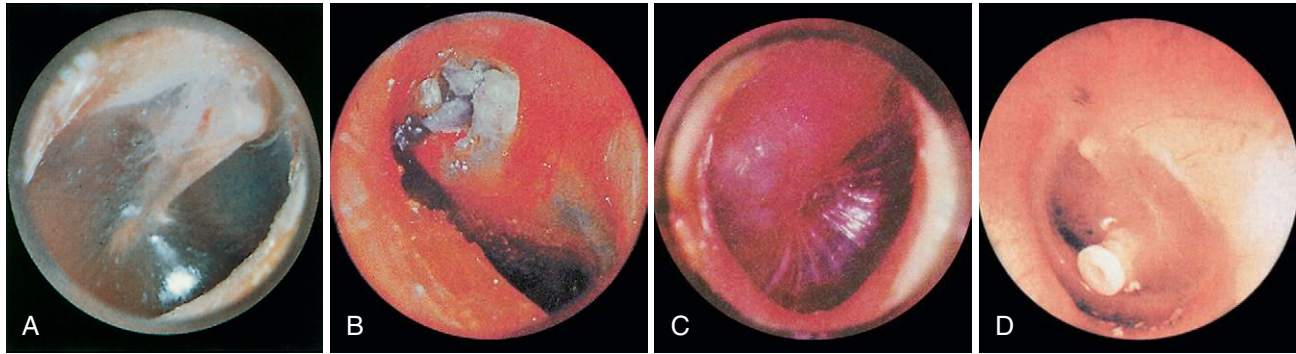


FIGURE 17-25 A, Healthy tympanic membrane. B, Tympanic membrane with cholesteatoma. C, Tympanic membrane with acute otitis media. D, Myringotomy with tympanostomy tube. (A to C, Courtesy Richard A. Buckingham, Clinical Professor, Otolaryngology, Abraham Lincoln School of Medicine, University of Illinois, Chicago. From Barkauskas VH et al: *Health and Physical Assessment*, 3rd ed., St. Louis, Mosby, 2002, pp. 278 and 290; D, from Fireman P, Slavin RG: *Atlas of Allergies*, 2nd ed., London, Glower Medical Publishing, 1996.)

PATHOLOGY—THE EAR

acoustic neuroma

Benign tumor arising from the acoustic vestibulocochlear nerve (eighth cranial nerve) in the brain.

Initially, this tumor causes tinnitus (ringing in the ears), vertigo (dizziness), and decreased hearing. Small tumors are resected by microsurgical techniques or ablated (removed) by radiosurgery (using powerful and precise x-ray beams rather than a surgical incision).

cholesteatoma

Collection of skin cells and cholesterol in a sac within the middle ear.

These cyst-like masses produce a foul-smelling discharge and are most often the result of chronic otitis media. They are associated with perforations of the tympanic membrane (Figure 17-25B).

deafness

Loss of the ability to hear.

Nerve deafness (sensorineural hearing loss) results from impairment of the cochlea or auditory (acoustic) nerve. **Conductive deafness** results from impairment of the middle ear ossicles and membranes transmitting sound waves into the cochlea. Hearing aids help people with conductive or sensorineural hearing loss. These devices have a microphone to pick up sounds, an amplifier to increase their volume, and a speaker to transmit amplified sounds. See Figure 17-26.

Meniere disease

Disorder of the labyrinth of the inner ear; elevated endolymph pressure within the cochlea (cochlear hydrops) and semicircular canals (vestibular hydrops).

Signs and symptoms are tinnitus, heightened sensitivity to loud sounds, progressive loss of hearing, headache, nausea, and vertigo. Attacks last minutes or continue for hours. The cause is unknown, and treatment is bed rest, sedation, and drugs to combat nausea and vertigo. Surgery may be necessary to relieve accumulation of fluid from the inner ear.

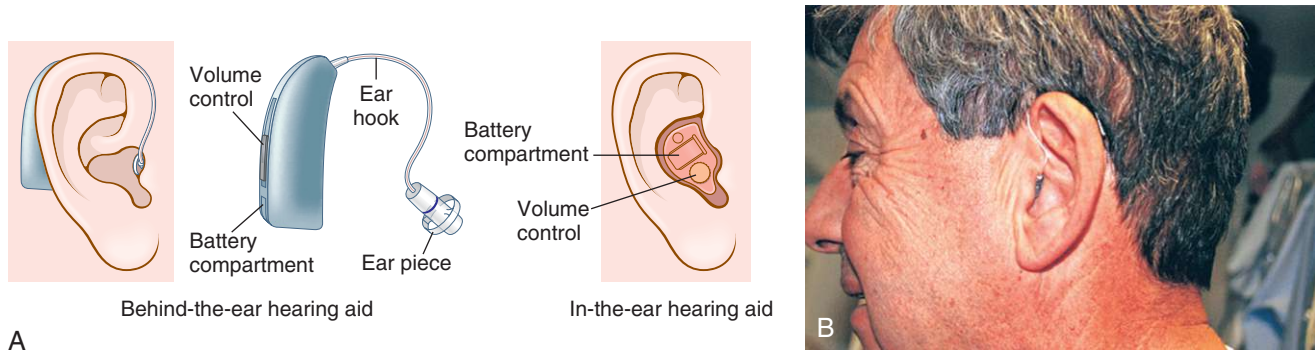


FIGURE 17-26 Hearing aids: **A**, Two types of hearing aid devices. **B**, Behind the ear hearing aid device in place.

otitis media

Inflammation of the middle ear.

Acute otitis media is infection of the middle ear, often following an upper respiratory infection (URI). Pain and fever with redness and loss of mobility of the tympanic membrane occur (Figure 17-25C). As bacteria invade the middle ear, pus formation occurs (**suppurative otitis media**). It is treated with antibiotics, but if the condition becomes chronic, myringotomy may be required to ventilate the middle ear.

Serous otitis media is a noninfectious inflammation with accumulation of serous fluid. It often results from a dysfunctional or obstructed auditory tube. Treatment includes myringotomy to aspirate fluid and placement of tympanostomy tubes in the eardrum to allow ventilation of the middle ear (Figure 17-25D).

otosclerosis

Hardening of the bony tissue of the middle ear.

The result of this hereditary condition is that bone forms around the oval window and causes fixation or **ankylosis** (stiffening) of the stapes bone (ossicle). Conduction deafness occurs, as the ossicles cannot pass on vibrations when sound enters the ear. Stapedectomy with replacement by a **prosthesis** (artificial part) is effective in restoring hearing (see Figure 17-24 on page 721). In order to perform this operation, the oval window must be **fenestrated** (opened) using a laser.

tinnitus

Sensation of noises (ringing, buzzing, whistling, booming) in the ears.

Caused by irritation of delicate hair cells in the inner ear, this disease symptom may be associated with presbycusis, Meniere disease, otosclerosis, chronic otitis, labyrinthitis, and other disorders. Tinnitus can be persistent and severe and can interfere with the affected person's daily life. Treatment includes biofeedback to help the patient relax and exert control over stress and anxiety if these are contributing factors. Tinnitus, a Latin-derived term, means tinkling.

vertigo

Sensation of irregular or whirling motion either of oneself or of external objects.

Vertigo can result from disease in the labyrinth of the inner ear or in the nerve that carries messages from the semicircular canals to the brain. Equilibrium and balance are affected, and nausea may occur as well.



Tinnitus

Note the spelling! Tinnitus is a condition (-itus), not an inflammation (-itis).

CLINICAL PROCEDURES—THE EAR

audiometry

Testing the sense of hearing.

An **audiometer** is an electrical device that delivers acoustic stimuli of specific frequencies to determine a patient's hearing loss for each frequency (Figure 17-26A). Results are shown on a chart or **audiogram** (Figure 17-26B).

cochlear implant procedure

Surgical insertion of a device that allows sensorineural hearing-impaired persons to understand speech.

Electrical signals are sent directly into the auditory nerve by means of multiple electrodes inserted into the cochlea. An external microphone and speech processor pick up sound signals and convert them to electrical impulses (Figure 17-28A).

ear thermometry

Measurement of the temperature of the tympanic membrane by detection of infrared radiation from the eardrum.

A device is inserted into the auditory canal, and results, which reflect the body's temperature, are obtained within 2 seconds.

otoscopy

Visual examination of the ear canal with an otoscope (see Figure 17-28B).

tuning fork test

Test of ear conduction using a vibration source (tuning fork).

To perform the **Rinne test**, the examiner places the base of the vibrating fork against the patient's mastoid bone (bone conduction) and in front of the auditory meatus (air conduction). In the **Weber test**, the tuning fork is placed on the center of the forehead. The loudness of sound is equal in both ears if hearing is normal.

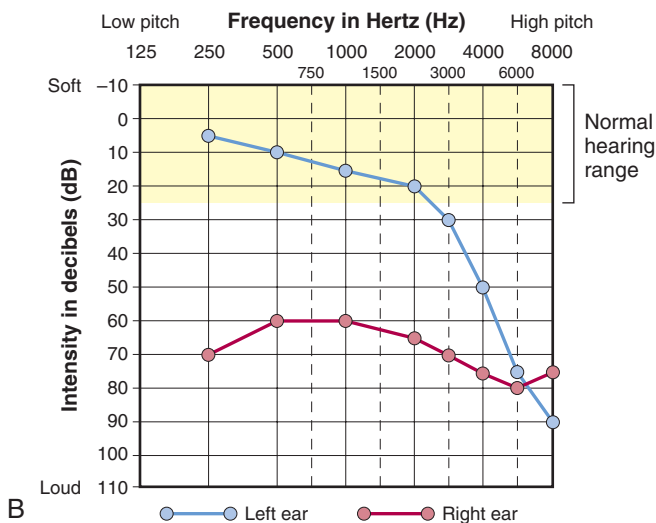


FIGURE 17-27 A, Pure-tone audiometer. B, Audiogram for a person with normal hearing in the left ear only for low frequencies (pitch). Notice the *blue line* sloping downward, showing severe high-frequency hearing loss in the left ear. There is moderate to severe hearing loss in the right ear. The decibel (dB) level of the softest sound you are able to hear is called your threshold. Thresholds of 0 to 25 dB (*yellow area*) are considered normal (for adults). (A, Courtesy Maico, Inc., Minneapolis. In Ignatavicius DD, Workman ML: *Medical-Surgical Nursing: Critical Thinking for Collaborative Care*, 5th ed., Philadelphia, Saunders, 2005, p. 1120.)

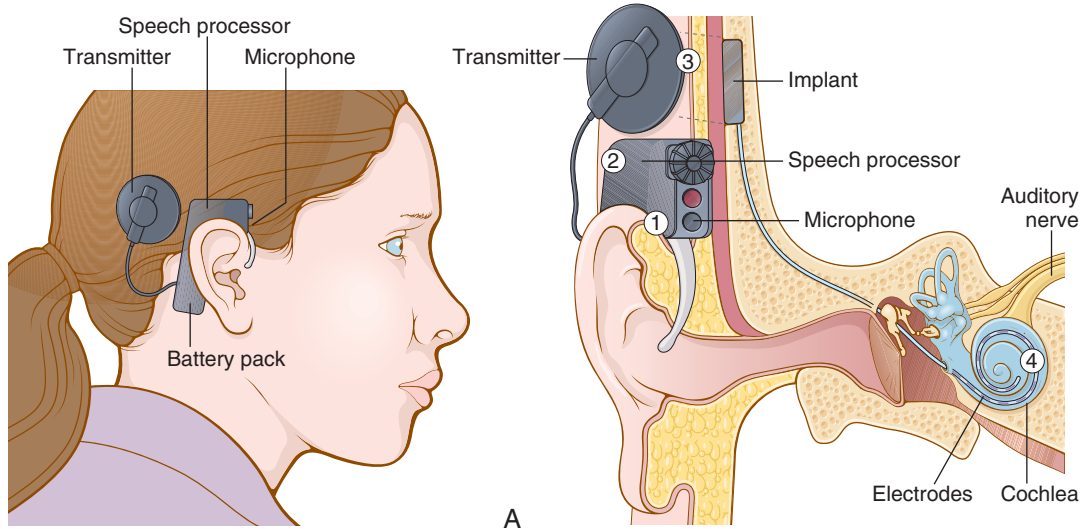


FIGURE 17-28 A, Cochlear implant.

(1). Microphone receives sound. (2). Speech processor converts sounds into digital signals. (3). Signals are sent to a transmitter that relays them to an implant, where they are converted to electrical impulses.

(4). Impulses are sent to electrodes that stimulate nerve cells in the cochlea, which sends them to the auditory nerve and brain.

B, Otoscopic examination. The auricle is pulled up and back. The hand holding the otoscope is braced against the patient's face for stabilization.



ABBREVIATIONS—THE EAR

AD	right ear (Latin, <i>auris dextra</i>)	ENT	ears, nose, and throat
AOM	acute otitis media	ETD	eustachian tube dysfunction
AS	left ear (Latin, <i>auris sinistra</i>)	HEENT	head, eyes, ears, nose, and throat
EENT	eyes, ears, nose, and throat	PE tube	pressure-equalizing tube—a polyethylene ventilating tube placed in the eardrum (to treat recurrent episodes of acute otitis media)
ENG	electronystagmography—a test of the balance mechanism of the inner ear by assessing eye movements (nystagmus is rapidly twitching eye movements)	SOM	serous otitis media



IN PERSON

This first person story is written by a man with retinal detachment.

One day, while out for my usual walk, I sneezed due to the higher pollen we were experiencing. It was not an easy sneeze, and I was aware of the result immediately. I noticed some new floaters in my left eye. No pain, but a little feeling that something wasn't right. I did not see flashes of bright light (a good thing).

I hoped that the floaters would minimize and when they did not, I called my optometrist for an appointment. My appointment was at 10:30 and by 11:00 he had discovered a possible tear in my left retina. He walked me down the hall to an ophthalmologist, who confirmed the tear and suggested cryopexy, which involves numbing the eye, inserting a probe into the area, and freezing the tear back to the back of the eye. I was through all of this by 11:30. Timing is everything.

The ophthalmologist explained that waiting 2-3 days may allow the tear to progress to a detachment which, if not caught, could cause more serious problems.

If you think about a sneeze, it involves the head moving forward and stopping abruptly. As we get older, the clear jell (vitreous) inside the eye may pull away from the retina at the back of the eye. If this pulls away gradually, usually there is no problem. However, if there is a hard pull and a tear, the vitreous can pass through the tear lifting the retina off the back of eye, much like wallpaper can peel off a wall. There are a number of conditions that may lead to the chance of retinal problems such as nearsightedness, cataract surgery, glaucoma, family history, etc.

As explained to me, if you are going to sneeze, grasp your head with both hands (perhaps while holding a tissue to your nose) to prevent the head from moving radically. That may stop the sudden front to back movement of your head.

The bad news is that I couldn't play golf for a couple of weeks after the cryopexy. My left eye looked horrible (itching and swollen) and I had a bunch of dark floaters in it. It was like trying to dodge 3-4 gnats right in front of my eyes. The good news is that my vision is intact.

My doctor told me that once you have had one episode there is a 15% chance of developing the same problem in the other eye. Right on schedule, a year later, my right eye had a tear/separation. This time though, the separation was located on the nasal side of the eye which precluded using the cryogenic method of sealing the retina. My choice, in his office at least, was for a laser correction. I asked about the particulars: including safety, whether it would correct the problem, and how long would the procedure take. I was given assurances for my first two concerns, and told the procedure might take 5 minutes. I agreed to do it, but had concerns about how I could stay still for 5 minutes while he fired laser shots through my eye to stitch up the tear. After numbing the eye and putting me in the correct position, the doctor proceeded to light up my eye with 30 very bright flashes. He finished in 15 seconds. While I was pulling back from the head rest, I asked why had he told me that it would take five minutes. He said, with a little smile, that he didn't want me to start figuring his fee based on a per second basis while I was undergoing the treatment. Pretty clever, and worth the smile that I gave him.

Needless to say, both eyes are fine. I still have floaters in both eyes and occasionally swipe at nonexistent gnats.

It may have no relation, but my golf handicap has dropped 4 shots lower since last spring and two below my historical prior low. Isn't technology great or what?



Mac McGinnis is a retired businessman and dedicated golfer.



PRACTICAL APPLICATIONS

This section contains an operating room schedule and an operative report. Explanations of more difficult terms are added in brackets. Answers to the matching questions are on page 739.

OPERATING ROOM SCHEDULE: Eye and Ear Procedures

Match the operation in Column I with a diagnosis/surgical indication in Column II.

COLUMN I

1. phacoemulsification with IOL; OS _____
2. blepharoplasty _____
3. scleral buckle _____
4. vitrectomy _____
5. radical mastoidectomy _____
6. keratoplasty _____
7. cochlear implant _____
8. laser photocoagulation of the macula _____
9. incision and drainage of hordeolum _____

COLUMN II

- A. scarred and torn cornea
- B. ptosis of eyelid skin
- C. retinal detachment
- D. diabetic retinopathy
- E. macular degeneration
- F. chronic styne
- G. chronic infection of a bone behind the ear
- H. severe deafness
- I. cataracts

OPERATIVE REPORT

Preoperative Diagnosis. Bilateral chronic serous otitis media; tonsilloadenoiditis.

Operation. Bilateral myringotomies and ventilation tube insertion; T&A.

Procedure. With the patient in the supine position and under general endotracheal anesthesia, inspection of AD was made under the operating microscope. The external canal was clear; tympanic membrane was divided. A purulent discharge appeared to be present. This drainage was suctioned out and the ear thoroughly lavaged [washed out]. A ventilating tube was put in place and otic drops were administered. Same procedure for AS.

The patient was placed in the Rose position [supine with the head over the table edge in full extension] and the adenoids were removed with adenoid curettes and adenoid biopsy forceps. A nasopharyngeal sponge was put in place. The right tonsil was then grasped with tonsil forceps, dissected free, and removed with snare. Bleeding was controlled with suction cautery. The nasopharyngeal sponge was removed and no further bleeding noted. The patient tolerated the procedure well and left the OR in good condition.



EXERCISES

Remember to check your answers carefully with the Answers to Exercises, page 737.

- A Match the structure of the eye with its description below. Write the letter of the description in the space provided.**

COLUMN I

1. pupil _____
2. conjunctiva _____
3. cornea _____
4. sclera _____
5. choroid _____
6. iris _____
7. ciliary body _____
8. lens _____
9. retina _____
10. vitreous humor _____

COLUMN II

- A. Contains sensitive cells called rods and cones that transform light energy into nerve impulses.
- B. Contains muscles that control the shape of the lens and secretes aqueous humor.
- C. Transparent structure behind the iris and in front of the vitreous humor; it refracts light rays onto the retina.
- D. Jelly-like material behind the lens that helps maintain the shape of the eyeball.
- E. Open center of the iris through which light rays enter.
- F. Vascular layer of the eyeball that is continuous with the iris.
- G. Delicate membrane lining the eyelids and covering the anterior eyeball.
- H. Fibrous layer of clear tissue that extends over the anterior portion of the eyeball.
- I. Colored portion of the eye; surrounds the pupil.
- J. Tough, white outer layer of the eyeball.

- B Supply the terms that complete the following sentences.**

1. The region at the back of the eye where the optic nerve meets the retina is the _____.
2. The normal adjustment of the lens (becoming fatter) to bring an object into focus for near vision on the retina is _____.
3. A yellowish region on the retina lateral to the optic disc is the _____.
4. The tiny pit or depression in the retina that is the region of clearest vision is the _____.
5. The bending of light rays by the cornea, lens, and fluids of the eye is _____.
6. The point at which the fibers of the optic nerve cross in the brain is the _____.
7. The photoreceptor cells in the retina that make the perception of color possible are the _____.

8. The photoreceptor cells in the retina that make vision in dim light possible are the _____.
9. The _____ is the area behind the cornea and in front of the lens and iris. It contains aqueous humor.
10. The posterior, inner part of the eye is the _____.

C Arrange the following terms in proper sequence to show the pathway of light rays to the visual region of the brain.

anterior chamber and aqueous humor
cerebral cortex (occipital lobe)
cornea
lens
optic chiasm

optic nerve fibers
pupil
retina
thalamus
vitreous chamber and vitreous humor

1. _____ fibrous transparent layer of clear tissue over the eyeball
2. _____ space and fluid in the front of the eye
3. _____ central opening of the iris
4. _____ transparent, biconvex body that refracts light rays
5. _____ space and soft, jelly-like material in the posterior (back) of eye
6. _____ light-sensitive inner nerve cell layer; rods and cones
7. _____ cranial nerve
8. _____ area of brain where optic nerve fibers cross
9. _____ relay center of the brain
10. _____ visual region of the brain

D Give the meanings of the following terms.

1. optic nerve _____
2. biconvex _____
3. anisocoria _____
4. cycloplegic _____
5. palpebral _____
6. mydriasis _____
7. miosis _____
8. papilledema _____
9. photophobia _____
10. scotoma _____

E Complete the medical terms based on their meanings and the word parts given.

1. inflammation of an eyelid: _____itis
2. inflammation of the conjunctiva: _____itis
3. inflammation of a tear gland: _____itis
4. inflammation of the iris: _____itis
5. inflammation of the cornea: _____itis
6. inflammation of the white of the eye: _____itis
7. inflammation of the retina: _____itis
8. prolapse of the eyelid: blephar _____
9. pertaining to tears: _____al
10. pertaining to within the eye: intra _____

F Select from the following terms to match the meanings below.

aphakia
corneal ulcer
esotropia
exotropia

hemianopsia
ophthalmologist
optician

optometrist
uveitis
xerophthalmia

1. fibrous layer of clear tissue over the front of the eyeball has a defect resulting from infection

2. inflammation of the vascular layer of the eye (iris, ciliary body, and choroid) _____
3. condition of dry eyes _____
4. absence of vision in half of the visual field _____
5. eye abnormally turns outward _____
6. medical doctor who treats diseases of the eyes _____
7. nonmedical professional who can examine eyes and prescribe glasses _____
8. nonmedical professional who grinds lenses and fits glasses _____
9. absence of the lens of the eye _____
10. eye abnormally turns inward _____

G Describe the following visual conditions.

1. amblyopia _____
2. hyperopia _____
3. presbyopia _____
4. myopia _____

5. nyctalopia _____
6. diplopia _____
7. astigmatism _____

H Complete the following sentences.

1. In the myopic eye, light rays do not focus properly on the _____.
Either the eyeball is too _____ or the refractive power of the lens is too _____, so that the image is blurred and comes to a focus in _____ of the retina. The type of lens used to correct this refractive error is called a/an _____ lens.
2. In the hyperopic eye, the eyeball is too _____ or the refractive power of the lens too _____, so that the image is blurred and focused in _____ of the retina. The type of lens used to correct this refractive error is called a/an _____ lens.
3. A miotic is a drug that _____ the pupil of the eye.
4. A mydriatic is a drug that _____ the pupil of the eye.

I Match the following abnormal conditions of the eye with their meanings as given below.

cataract
chalazion
diabetic retinopathy
glaucoma

hordeolum (stye)
macular degeneration
nystagmus

retinal detachment
retinitis pigmentosa
strabismus

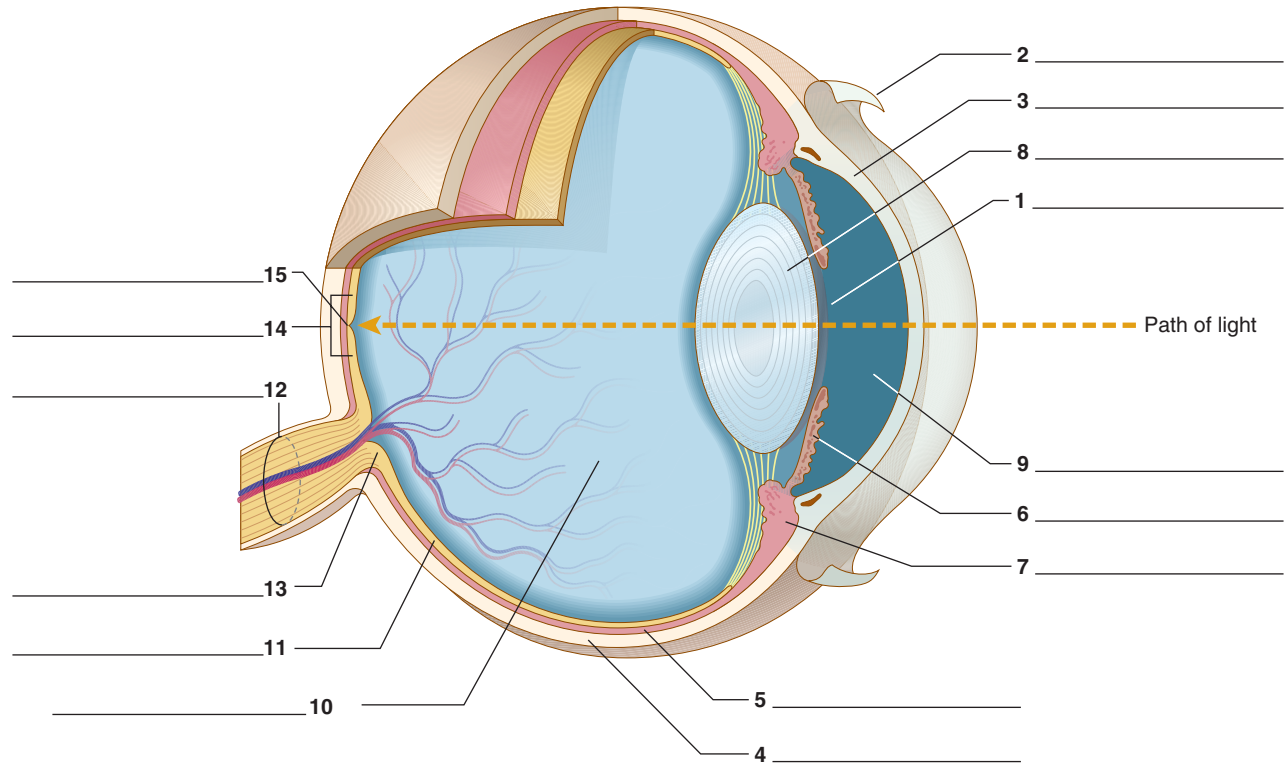
1. retinal microaneurysms, hemorrhages, dilation of retinal veins, and neovascularization occur secondary to an abnormal endocrine condition _____
2. two layers of the retina separate from each other _____
3. abnormal deviations of the eye occur (esotropia and exotropia) _____
4. clouding of the lens causes decreased vision _____
5. loss of central vision caused by deterioration of the macula of the retina _____
6. localized, purulent infection of a sebaceous gland in the eyelid _____
7. small, firm, cystic mass on the eyelid; formed as a result of chronic inflammation of a sebaceous gland _____
8. increased intraocular pressure results in optic nerve damage _____
9. pigmented scarring forms throughout the retina _____
10. repetitive rhythmic movements of one or both eyes _____

J Label the following figure of the eye using the list of terms below.

anterior chamber
choroid
ciliary body
conjunctiva
cornea

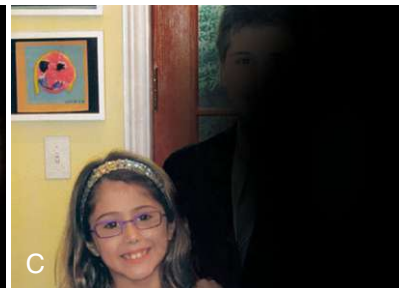
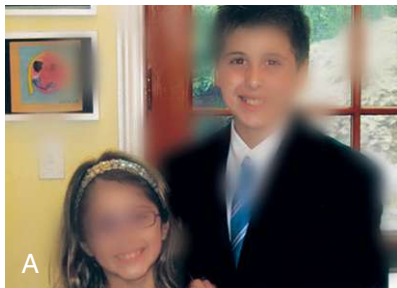
fovea centralis
iris
lens
macula
optic disc

optic nerve
pupil
retina
sclera
vitreous humor



K Match the following conditions with the images shown below.

1. stroke (hemianopsia) _____ 2. glaucoma _____ 3. cataract _____



L Give the meaning of the following combining forms.

1. lacrim/o _____
2. dacry/o _____
3. kerat/o _____
4. corne/o _____
5. blephar/o _____
6. palpebr/o _____
7. cor/o _____
8. pupill/o _____
9. phac/o _____
10. phak/o _____
11. ocul/o _____
12. ophthalm/o _____
13. opt/o _____
14. scot/o _____

M Give the meanings of the following abbreviations.

1. OU _____
2. VA _____
3. OD _____
4. OS _____
5. VF _____
6. IOL _____
7. IOP _____
8. PERRLA _____

N Match the following clinical procedures with their meanings as given below.

fluorescein angiography
keratoplasty
laser photocoagulation
LASIK

ophthalmoscopy
phacoemulsification
scleral buckle
slit lamp microscopy

tonometry
visual acuity test
visual field test
vitrectomy

1. ultrasonic vibrations break up the lens, and it is aspirated from the eye _____
2. test of clearness of vision _____
3. measurement of tension or pressure within the eye; glaucoma test _____
4. high-energy light radiation beams are used to stop retinal hemorrhaging

5. a laser removes corneal tissue (sculpts it) to correct myopia _____
6. intravenous injection of dye followed by photographs of the eye through dilated pupils

7. suture of a silicone band to the sclera to correct retinal detachment _____
8. test to measure central and peripheral vision (area within which objects are seen) when the eyes are looking straight ahead _____
9. removal (and replacement) of diseased fluid in the chamber behind the lens of the eye

10. visual examination of the interior of the eye after dilation of the pupil _____
11. use of an instrument for microscopic examination of parts of the eye _____
12. corneal transplant surgery _____

O Arrange the following terms in the correct order to indicate their sequence in the transmission of sound waves to the brain from the outer ear. See page 718.

auditory liquids and receptors
auditory nerve fibers
cerebral cortex
cochlea

external auditory canal
incus
malleus
oval window

pinna (auricle)
stapes
tympanic membrane

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____

P Give short definitions for the following medical terms.

1. labyrinth _____
2. semicircular canals _____
3. auditory (eustachian) tube _____
4. stapes _____
5. organ of Corti _____
6. perilymph and endolymph _____
7. cerumen _____
8. vestibule _____
9. oval window _____
10. tympanic membrane _____

Q Complete the following terms based on their definitions.

1. instrument to examine the ear: _____scope
2. removal of the third bone of the middle ear: _____ectomy
3. pertaining to the auditory tube and throat: _____pharyngeal
4. flow of pus from the ear: oto_____
5. instrument to measure hearing: _____meter
6. incision of the eardrum: _____tomy
7. surgical repair of the eardrum: _____plasty
8. deafness due to old age: _____cusis
9. small ear: micr_____
10. inflammation of the middle ear: ot_____

R Give short definitions for the following medical terms.

1. vertigo _____
2. Meniere disease _____
3. otosclerosis _____
4. tinnitus _____
5. labyrinthitis _____
6. cholesteatoma _____
7. suppurative otitis media _____
8. acoustic neuroma _____
9. mastoiditis _____
10. myringitis _____

S Give the meanings of the following abbreviations relating to otology.

1. ENG _____
2. AS _____
3. AD _____
4. EENT _____
5. ENT _____
6. PE tube _____

T Circle the correct term(s) to complete each sentence.

1. Dr. Jones specializes in pediatric ophthalmology. His examination of children with poor vision often leads to the diagnosis of (**cataract, amblyopia, glaucoma**), or lazy eye.
2. Stella's near vision became progressively worse as she aged. Her physician told her that she had a common condition called (**presbyopia, detached retina, anisocoria**), which often develops beginning in middle age.
3. Matthew rubbed his itchy eyes constantly and thus spread his "pinkeye" or (**conjunctivitis, blepharitis, myringitis**) from one eye to the other. Dr. Chang prescribed antibiotics for this common condition, because Matthew had a purulent discharge suggestive of an infection.
4. As Paul's (**mastoiditis, otitis media, tinnitus**) became progressively worse, his doctor worried that this ringing in his ears might be caused by a benign brain tumor, a/an (**cholesteatoma, acoustic neuroma, glaucoma**).
5. Before her second birthday, Sally had so many episodes of (**vertigo, otosclerosis, suppurative otitis media**) that Dr. Sills recommended the placement of PE tubes.
6. Sixty-eight-year-old Bob experienced blurred vision in the central portion of his visual field. After careful examination of his (**cornea, sclera, retina**), his (**ophthalmologist, optician, optometrist**) diagnosed his condition as (**glaucoma, iritis, macular degeneration**). The doctor explained that the form of this condition was atrophic or (**dry, wet**), causing photoreceptor rods and cones to die.
7. If Bob's condition had been diagnosed as the (**dry, wet**) form, it might have been treated with (**cryotherapy, intraocular lenses, laser photocoagulation**) to seal leaky blood vessels.
8. Sarah suddenly experienced bright flashes of light in her right eye. She also told her physician that she had a sensation of a curtain being pulled over part of the visual field in that eye. Her doctor examined her eye with (**keratoplasty, ophthalmoscopy, tonometry**) and determined that she had (**retinal refraction, retinal detachment, diabetic retinopathy**). Corrective surgery, known as (**enucleation, vitrectomy, scleral buckling**), was recommended.
9. Carol awakened with a sensation of dizziness or (**vertigo, tinnitus, presbycusis**) as she tried to get out of bed. She was totally incapacitated for several days and noticed hearing loss in her left ear. Her physician explained that fluid called (**pus, endolymph, mucus**) had accumulated in her (**auditory tube, middle ear, cochlea**) and her condition was (**otosclerosis, cholesteatoma, Meniere disease**). He prescribed drugs to control her dizziness and nausea.
10. Patients with conductive hearing loss are helped by reconstruction of the (**labyrinth, tympanic membrane, auditory tube**), a procedure known as (**myringoplasty, audiometry, otoscopy**). Patients with sensorineural hearing loss may be helped by a (**hearing aid, cochlear implant, stapedectomy**).

ANSWERS TO EXERCISES

A

- | | | |
|------|------|-------|
| 1. E | 5. F | 8. C |
| 2. G | 6. I | 9. A |
| 3. H | 7. B | 10. D |
| 4. J | | |

B

- | | | |
|--------------------|-----------------|---------------------|
| 1. optic disc | 5. refraction | 8. rods |
| 2. accommodation | 6. optic chiasm | 9. anterior chamber |
| 3. macula | 7. cones | 10. fundus |
| 4. fovea centralis | | |

C

- | | | |
|---------------------------------------|--|--------------------------------------|
| 1. cornea | 4. lens | 7. optic nerve fibers |
| 2. anterior chamber and aqueous humor | 5. vitreous chamber and vitreous humor | 8. optic chiasm |
| 3. pupil | 6. retina | 9. thalamus |
| | | 10. cerebral cortex (occipital lobe) |

D

- | | | |
|---|---|---|
| 1. cranial nerve that carries impulses from the retina to the brain | 4. pertaining to paralysis of the ciliary muscles | 8. swelling in the region of the optic disc |
| 2. having two sides that are rounded, elevated, and curved evenly | 5. pertaining to the eyelid | 9. condition of sensitivity to ("fear of") light |
| 3. condition of pupils of unequal (anis/o) size | 6. condition of enlargement of the pupil | 10. blind spot; area of darkened (diminished) vision surrounded by clear vision |
| | 7. condition of constriction of the pupil | |

E

- | | | |
|-------------------|--------------|-------------------|
| 1. blepharitis | 5. keratitis | 8. blepharoptosis |
| 2. conjunctivitis | 6. scleritis | 9. lacrimal |
| 3. dacryoadenitis | 7. retinitis | 10. intraocular |
| 4. iritis | | |

F

- | | | |
|------------------|--------------------|---------------|
| 1. corneal ulcer | 5. exotropia | 8. optician |
| 2. uveitis | 6. ophthalmologist | 9. aphakia |
| 3. xerophthalmia | 7. optometrist | 10. esotropia |
| 4. hemianopsia | | |

G

- | | | |
|--|---|---|
| 1. decreased (dim) vision; lazy eye (resulting from strabismus and uncorrected refractive errors in childhood) | 3. decreased vision at near, resulting from old age | 6. double vision |
| 2. farsightedness | 4. nearsightedness | 7. defective curvature of the lens and cornea leading to blurred vision |
| | 5. night blindness; decreased vision at night | |

H

- | | |
|---|---------------|
| 1. retina; long; strong; front; concave | 3. constricts |
| 2. short; weak; back; convex | 4. dilates |

I

1. diabetic retinopathy
2. retinal detachment
3. strabismus
4. cataract

5. macular degeneration
6. hordeolum (stye)
7. chalazion

8. glaucoma
9. retinitis pigmentosa
10. nystagmus

J

1. pupil
2. conjunctiva
3. cornea
4. sclera
5. choroid

6. iris
7. ciliary body
8. lens
9. anterior chamber
10. vitreous humor

11. retina
12. optic nerve
13. optic disc
14. macula
15. fovea centralis

K

1. C. Stroke (hemianopsia)—loss of half of the visual field caused by a stroke affecting the left visual cortex

2. B. Glaucoma—loss of peripheral vision first (darkness around the edges of the picture)
3. A. Cataract—causes blurred vision

L

1. tears
2. tears
3. cornea
4. cornea
5. eyelid

6. eyelid
7. pupil
8. pupil
9. lens
10. lens

11. eye
12. eye
13. eye
14. darkness

M

1. both eyes
2. visual acuity
3. right eye

4. left eye
5. visual field
6. intraocular lens

7. intraocular pressure
8. pupils equal, round, reactive to light and accommodation

N

1. phacoemulsification
2. visual acuity test
3. tonometry
4. laser photocoagulation

5. LASIK
6. fluorescein angiography
7. scleral buckle
8. visual field test

9. vitrectomy
10. ophthalmoscopy
11. slit lamp microscopy
12. keratoplasty

O

1. pinna (auricle)
2. external auditory canal
3. tympanic membrane
4. malleus

5. incus
6. stapes
7. oval window
8. cochlea

9. auditory liquids and receptors
10. auditory nerve fibers
11. cerebral cortex

P

1. cochlea and organs of equilibrium (semicircular canals and vestibule)
2. organ of equilibrium in the inner ear
3. passageway between the middle ear and the throat
4. third ossicle (little bone) of the middle ear

5. region in the cochlea that contains auditory receptors
6. auditory fluids circulating within the inner ear
7. wax in the external auditory meatus

8. central cavity of the inner ear that connects the semicircular canals and the cochlea
9. delicate membrane between the middle and the inner ears
10. eardrum

Q

- | | | |
|-----------------------|----------------------------------|------------------|
| 1. otoscope | 5. audiometer | 8. presbycusis |
| 2. stapedectomy | 6. myringotomy (tympanotomy) | 9. microtia |
| 3. salpingopharyngeal | 7. tympanoplasty (myringoplasty) | 10. otitis media |
| 4. otopyorrhea | | |

R

- | | | |
|---|--|---|
| 1. sensation of irregular or whirling motion either of oneself or of external objects | 3. hardening in the bony tissue of the ossicles of the middle ear | 7. inflammation of the middle ear with bacterial infection and pus collection |
| 2. disorder of the labyrinth marked by elevation of ear fluids and pressure within the cochlea (tinnitus, vertigo, and nausea result) | 4. noise (ringing, buzzing) in the ears | 8. benign tumor arising from the acoustic nerve in the brain |
| | 5. inflammation of the labyrinth of the inner ear | 9. inflammation of the mastoid process (behind the ear) |
| | 6. collection of skin cells and cholesterol in a sac within the middle ear | 10. inflammation of the eardrum |

S

- | | | |
|---|---------------------------------|---|
| 1. electronystagmography; a test of balance | 3. right ear | 6. pressure-equalizing tube; ventilating tube placed in the eardrum |
| 2. left ear | 4. eyes, ears, nose, and throat | |
| | 5. ears, nose, and throat | |

T

- | | | |
|-------------------------------|---|--|
| 1. amblyopia | 6. retina; ophthalmologist; macular degeneration; dry | 9. vertigo; endolymph; cochlea; Meniere disease |
| 2. presbyopia | 7. wet; laser photocoagulation | 10. tympanic membrane; myringoplasty; cochlear implant |
| 3. conjunctivitis | 8. ophthalmoscopy; retinal detachment; scleral buckling | |
| 4. tinnitus; acoustic neuroma | | |
| 5. suppurative otitis media | | |

Answers to Practical Applications**Operating Room Schedule: Eye and****Ear Procedures**

- | | | |
|------|------|------|
| 1. I | 3. C | 7. H |
| 2. B | 4. D | 8. E |
| | 5. G | 9. F |
| | 6. A | |



PRONUNCIATION OF TERMS

To test your understanding of the terminology in this chapter, write the meaning of each term in the space provided. In addition, you may wish to cover the terms and write them by looking at your definitions. Make sure your spelling is correct. The page number after each term indicates where it is defined or used in the book, so you can easily check your responses. You will find complete definitions for all of these terms and their audio pronunciations on the Evolve website.

Pronunciation Guide

ā as in āpe	ă as in ăpple
ē as in ēven	ě as in ěvery
ī as in īce	ĩ as in ĩnterest
ō as in ōpen	ő as in pőt
ū as in ūnit	ű as in űnder

Vocabulary and Terminology: Eye

TERM	PRONUNCIATION	MEANING
accommodation (700)	ă-kôm-ô-DĀ-shŭn	_____
amblyopia (705)	ăm-blē-Ō-pē-ă	_____
anisocoria (702)	ăn-ī-sô-KŌ-rē-ă	_____
anterior chamber (700)	ăn-TĒ-rē-ör CHĀM-běr	_____
aphakia (704)	ă-FĀ-kē-ă	_____
aqueous humor (700)	ĂK-wē-űs <i>or</i> Ā-kwē-űs HŪ-mör	_____
astigmatism (706)	ă-STĪG-mă-tĭzm	_____
biconvex (701)	bī-KŌN-vĕks	_____
blepharitis (702)	blĕf-ă-RĪ-tĭs	_____
blepharoptosis (702)	blĕf-ă-röp-TŌ-sĭs	_____
cataract (708)	KĀT-ă-răkt	_____
chalazion (708)	kă-LĀ-zĕ-ön	_____
choroid (701)	KŌR-oyd	_____
ciliary body (701)	SĪL-ĕ-ăr-ĕ BŎD-ĕ	_____
cone (701)	kôn	_____
conjunctiva (701)	kôn-jŭnk-TĪ-vă	_____
conjunctivitis (702)	kôn-jŭnk-tĭ-VĪ-tĭs	_____
cornea (701)	KŌR-nē-ă	_____
corneal abrasion (703)	KŌR-nē-ăl ă-BRĀ-zhŭn	_____
corneoscleral (704)	kôr-nē-ô-SKLĚ-răl	_____
cycloplegic (703)	sī-klō-PLĚ-jĭk	_____
dacryoadenitis (703)	dăk-rē-ô-ăd-ĕ-NĪ-tĭs	_____
diabetic retinopathy (709)	dī-ă-BĚT-ĭk rĕ-tĭn-NŎP-ă-thĕ	_____

TERM	PRONUNCIATION	MEANING
diplopia (705)	dīp-LŌ-pē-ă	_____
enucleation (714)	ē-nū-klē-Ā-shun	_____
esotropia (706)	ēs-ō-TRŌ-pē-ă	_____
exotropia (711)	ěk-sō-TRŌ-pē-ă	_____
fluorescein angiography (712)	floo-ō-RĚS-ē-īn ăn-jē-ŎG-ră-fē	_____
fovea centralis (701)	FŌ-vē-ă sĕn-TRĂ-līs	_____
fundus of the eye (701)	FŮN-dūs of the ī	_____
glaucoma (709)	glaw-KŌ-mă	_____
hemianopsia (706)	hĕ-mē-ă-NŎP-sē-ă	_____
hordeolum (710)	hŏr-DĚ-ō-lŭm	_____
hyperopia (706)	hī-pĕr-Ō-pē-ă	_____
hypertensive retinopathy (704)	hī-pĕr-TĚN-sīv rĕ-tī-NŎP-ă-thē	_____
intraocular (703)	īn-tră-ŎK-ŭ-lăr	_____
iridectomy (703)	īr-ī-DĚK-tō-mē	_____
iridic (703)	ī-RĪD-īk	_____
iris (701)	Ī-rīs	_____
iritis (703)	ī-RĪ-tīs	_____
keratitis (703)	kĕr-ă-TĪ-tīs	_____
keratoplasty (714)	kĕr-ă-tō-PLĂS-tē	_____
lacrimal (703)	LĂK-rī-măl	_____
lacrimation (703)	lă-krī-MĂ-shŭn	_____
laser photocoagulation (715)	LĂ-zĕr fō-tō-kō-ăg-ŭ-LĂ-shŭn	_____
lens (701)	lĕnz	_____
macula (701)	MĂK-ŭ-lă	_____
macular degeneration (710)	MĂK-ŭ-lăr dē-jĕn-ĕ-RĂ-shŭn	_____
miosis (705)	mī-Ŏ-sīs	_____
miotic (705)	mī-ŎT-īk	_____
mydriasis (705)	mī-DRĪ-ă-sīs	_____
myopia (706)	mī-Ō-pē-ă	_____
nyctalopia (705)	nīk-tă-LŌ-pē-ă	_____
nystagmus (711)	nī-STĂG-mŭs	_____

TERM	PRONUNCIATION	MEANING
ophthalmic (704)	öf-THÄL-mĭk	_____
ophthalmologist (704)	öf-thäl-MÖL-ō-jĭst	_____
ophthalmoplegia (704)	öf-thäl-mō-PLĒ-jă	_____
ophthalmoscopy (712)	öf-thäl-MÖS-kō-pē	_____
optic chiasm (701)	ÖP-tĭk KĪ-ăzm	_____
optic disc (701)	ÖP-tĭk dĭsk	_____
optician (704)	öp-TĪSH-ăn	_____
optic nerve (701)	ÖP-tĭk nĕrv	_____
optometrist (704)	öp-TÖM-ě-trĭst	_____
palpebral (704)	PÄL-pě-bräl	_____
papilledema (704)	păp-ě-lě-DĒ-mă	_____
phacoemulsification (715)	făk-ō-ě-mŭl-sĭ-fĭ-KĀ-shŭn	_____
photophobia (705)	fō-tō-FŌ-bē-ă	_____
presbyopia (707)	prĕz-bē-Ō-pē-ă	_____
pupil (701)	PŪ-pĭl	_____
pupillary (704)	PŪ-pĭ-lăr-ē	_____
refraction (701)	rĕ-FRĂK-shŭn	_____
retina (701)	RĚT-ĭ-nă	_____
retinal detachment (711)	RĚ-tĭ-năl dĕ-TĂCH-mĕnt	_____
retinitis pigmentosa (704)	rĕt-ĭ-NĪ-tĭs pĭg-mĕn-TŌ-să	_____
rod (701)	röd	_____
sclera (701)	SKLĚ-ră	_____
scleral buckle (715)	SKLĚ-răl BŮ-kl	_____
scleritis (704)	sklĕ-RĪ-tĭs	_____
scotoma (705)	skō-TŌ-mă	_____
slit lamp microscopy (712)	slĭt lâmp mĭ-KRÖS-kō-pē	_____
strabismus (711)	stră-BĪZ-mŭs	_____
thalamus (701)	THÄL-ă-mŭs	_____
tonometry (713)	tō-NŌM-ě-trĕ	_____
uveitis (705)	û-vĕ-Ī-tĭs	_____
visual acuity test (713)	VĪZ-û-ăl ă-KŪ-ĭ-tĕ tĕst	_____

TERM	PRONUNCIATION	MEANING
visual field test (713)	VĪZ-ū-āl fēld tēst	_____
vitrectomy (716)	vī-TRĚK-tō-mē	_____
vitreous humor (701)	VĪT-rē-ūs HŪ-mör	_____
xerophthalmia (705)	zēr-öf-THÄL-mē-ä	_____

Vocabulary and Terminology: Ear

TERM	PRONUNCIATION	MEANING
acoustic (720)	ä-KOOS-tĭk	_____
acoustic neuroma (722)	ä-KOOS-tĭk nū-RŌ-mä	_____
audiogram (724)	ÄW-dē-ō-grām	_____
audiologist (720)	äw-dē-ÖL-ō-gĭst	_____
audiometer (724)	äw-dē-ÖM-ě-tēr	_____
audiometry (724)	äw-dē-ÖM-ě-trē	_____
auditory canal (719)	ÄW-dĭ-tō-rē kă-NÄL	_____
auditory meatus (719)	ÄW-dĭ-tō-rē mē-Ä-tūs	_____
auditory nerve fibers (719)	ÄW-dĭ-tō-re nĕrv FĪ-bĕrz	_____
auditory tube (719)	ÄW-dĭ-tō-rē toob	_____
aural (720)	ÄW-räl	_____
auricle (719)	ÄW-rĭ-kl	_____
cerumen (719)	sĕ-ROO-mĕn	_____
cholesteatoma (722)	kō-lē-stē-ä-TŌ-mä	_____
cochlea (719)	KÖK-lē-ä	_____
cochlear (720)	KÖK-lē-är	_____
deafness (722)	DĚF-nĕs	_____
ear thermometry (724)	ēr thĕr-MÖM-ě-trē	_____
endolymph (719)	ĚN-dō-lĭmf	_____
eustachian tube (719)	ū-STÄ-shŭn toob	_____
hyperacusis (721)	hĭ-pĕr-ä-KŪ-sis	_____
incus (719)	ĪNG-kŭs	_____
labyrinth (719)	LÄB-ĭ-rĭnth	_____
macrotia (721)	māk-RŌ-shē-ä	_____

TERM	PRONUNCIATION	MEANING
malleus (719)	MĀL-ē-ūs	_____
mastoiditis (720)	mās-toy-DĪ-tīs	_____
Meniere disease (722)	měn-ē-ĀR dī-ZĒZ	_____
myringitis (720)	mĭr-ĭn-JĪ-tīs	_____
myringotomy (720)	mĭr-ĭn-GŎT-ō-mē	_____
organ of Corti (719)	ŎR-gĀn of CŎR-tē	_____
ossicle (719)	ŎS-ĭ-kl	_____
ossiculoplasty (720)	ös-ĭ-kū-lō-PLĀS-tē	_____
otic (720)	Ŏ-tĭk	_____
otitis media (723)	ō-TĪ-tīs MĒ-dē-ă	_____
otolaryngologist (720)	ō-tō-lă-rĭn-GŎL-ō-jĭst	_____
otomycosis (720)	ō-tō-mĭ-KŎ-sĭs	_____
otopyorrhea (720)	ō-tō-pĭ-ō-RĒ-ă	_____
otosclerosis (723)	ō-tō-sklĕ-RŎ-sĭs	_____
otoscopy (724)	ō-TŎS-kō-pē	_____
oval window (719)	Ŏ-văl WĪN-dō	_____
perilymph (719)	PĒR-ĭ-lĭmf	_____
pinna (719)	PĪN-ă	_____
postauricular (720)	pōst-aw-RĪK-ū-lăr	_____
presbycusis (721)	prĕz-bē-KŪ-sĭs	_____
salpingopharyngeal (720)	săl-pĭng-gō-fă-RĪN-gē-ăl	_____
semicircular canals (719)	sĕ-mē-SĒR-kū-lăr kă-NĀLZ	_____
stapedectomy (721)	stă-pĕ-DĚK-tō-mē	_____
stapes (719)	STĀ-pēz	_____
tinnitus (723)	TĪN-nĭ-tūs	_____
tuning fork test (724)	TOO-nĭng fŏrk tĕst	_____
tympanic membrane (719)	tĭm-PĀN-ĭk MĒM-brĀn	_____
tympanoplasty (721)	tĭm-pă-nō-PLĀS-tē	_____
vertigo (723)	VĚR-tĭ-gō	_____
vestibule (719)	VĚS-tĭ-bŭl	_____
vestibulocochlear (721)	vĕs-tĭb-ū-lō-KŎK-lē-ăr	_____



REVIEW SHEET

Write the meaning of the word parts in the spaces provided and test yourself. Check your answers with the information in the chapter or in the Glossary (Medical Word Parts—English) at the end of the book.

Combining Forms

COMBINING FORM	MEANING	COMBINING FORM	MEANING
acous/o	_____	myring/o	_____
ambly/o	_____	nyct/o	_____
anis/o	_____	ocul/o	_____
aque/o	_____	ophthalm/o	_____
audi/o	_____	opt/o	_____
audit/o	_____	optic/o	_____
aur/o	_____	ossicul/o	_____
auricul/o	_____	ot/o	_____
blephar/o	_____	palpebr/o	_____
cochle/o	_____	papill/o	_____
conjunctiv/o	_____	phac/o	_____
cor/o	_____	phak/o	_____
corne/o	_____	phot/o	_____
cycl/o	_____	presby/o	_____
dacry/o	_____	pupill/o	_____
dipl/o	_____	retin/o	_____
glauc/o	_____	salping/o	_____
ir/o	_____	scler/o	_____
irid/o	_____	scot/o	_____
kerat/o	_____	staped/o	_____
lacrim/o	_____	tympan/o	_____
mastoid/o	_____	uve/o	_____
mi/o	_____	vestibul/o	_____
myc/o	_____	vitre/o	_____
mydr/o	_____	xer/o	_____

Suffixes

SUFFIX	MEANING	SUFFIX	MEANING
-acusis	_____	-opsia	_____
-cusis	_____	-otia	_____
-meter	_____	-phobia	_____
-metry	_____	-plegic	_____
-opia	_____	-tropia	_____

Use the following terms to label the diagram below.

auditory nerve fibers

cochlea

eustachian tube

external auditory meatus

incus

malleus

oval window

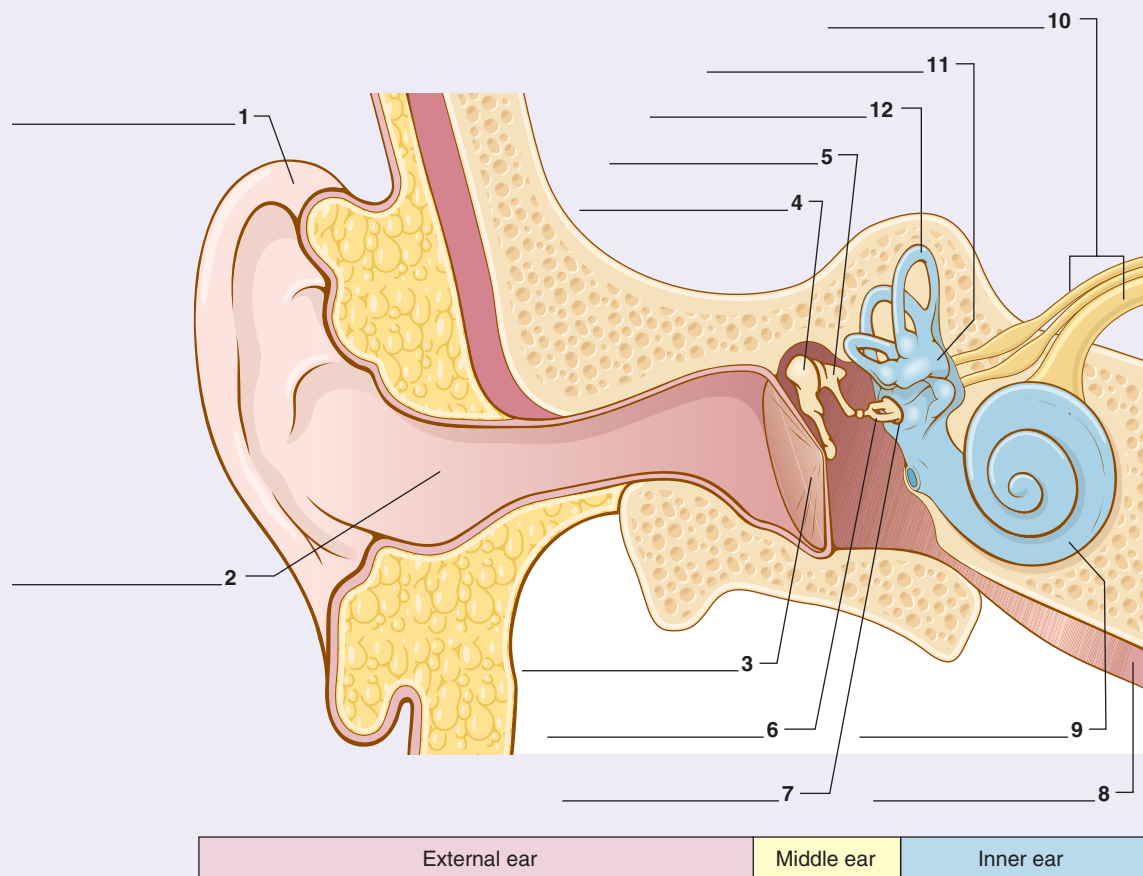
pinna (auricle)

semicircular canals

stapes

tympanic membrane (eardrum)

vestibule



CHAPTER 18

Endocrine System

This chapter is divided into the following sections:

Introduction, 748

Thyroid Gland, 750

Parathyroid Glands, 751

Adrenal Glands, 752

Pancreas, 754

Pituitary Gland, 755

Ovaries, 757

Testes, 758

Vocabulary, 759

Terminology, 762

Pathology, 766

Laboratory Tests, 775

Clinical Procedures, 776

Abbreviations, 777

Practical Applications, 778

In Person: Living with Type I Diabetes, 779

In Person: My Cushing's Journey, 781

Exercises, 782

Answers to Exercises, 788

Pronunciation of Terms, 790

Review Sheet, 795

CHAPTER GOALS

- Identify the endocrine glands and their hormones.
- Gain an understanding of the functions of these hormones in the body.
- Analyze medical terms related to the endocrine glands and their hormones.
- Identify the abnormal conditions resulting from excessive and deficient secretions of the endocrine glands.
- Describe laboratory tests and clinical procedures related to endocrinology, and recognize relevant abbreviations.

INTRODUCTION

The endocrine system is an information signaling system much like the nervous system. However, the nervous system uses nerves to conduct information, whereas the endocrine system uses blood vessels as information channels. **Glands** located in many regions of the body release into the bloodstream specific chemical messengers called **hormones** (from the Greek word *hormōn*, meaning urging on) that regulate the many and varied functions of an organism. For example, one hormone stimulates the growth of bones, another causes the maturation of sex organs and reproductive cells, and another controls the metabolic rate (metabolism) within all the individual cells of the body. In addition, one powerful endocrine gland below the brain secretes a wide variety of different hormones that travel through the bloodstream and regulate the activities of other endocrine glands.

Hormones produce their effects by binding to **receptors**, which are recognition sites in the various **target tissues** on which the hormones act. The receptors initiate specific biologic effects when the hormones bind to them. Each hormone has its own receptor, and binding of a receptor by a hormone is much like the interaction of a key and a lock.

Endocrine glands, no matter which hormones they produce, secrete their hormones directly into the bloodstream. **Exocrine glands** send chemical substances (tears, sweat, milk, saliva) via ducts to the outside of the body. Examples of exocrine glands are sweat, mammary, mucous, salivary, and lacrimal (tear) glands.

The ductless, internally secreting **endocrine glands** are listed as follows. Locate these glands on Figure 18-1.

- | | |
|--------------------------------------|----------------------------------|
| [1] thyroid gland | [5] pituitary gland |
| [2] parathyroid glands (four glands) | [6] ovaries in female (one pair) |
| [3] adrenal glands (one pair) | [7] testes in male (one pair) |
| [4] pancreas (islets of Langerhans) | [8] pineal gland |

The last two glands on this list, the pineal and the thymus glands, are included as endocrine glands because they are ductless, although little is known about their endocrine function in the human body. The **pineal gland**, located in the central portion of the brain, secretes melatonin. **Melatonin** functions to support the body's "biological clock" and is thought to induce sleep. The pineal gland has been linked to a mental condition, seasonal affective disorder (SAD), in which the person suffers depression in winter months. Melatonin secretion increases with deprivation of light and is inhibited by sunlight. Calcification of the pineal gland can occur and can be an important radiologic landmark when x-rays of the brain are examined.

Hormones are also secreted by endocrine tissue in other organs apart from the major endocrine glands. Examples are **erythropoietin** (kidney), **human chorionic gonadotropin** (placenta), and **cholecystokinin** (gallbladder). **Prostaglandins** are hormone-like substances that affect the body in many ways. First found in semen (produced by the prostate gland) but now recognized in cells throughout the body, prostaglandins (1) stimulate the contraction of the uterus; (2) regulate body temperature, platelet aggregation, and acid secretion in the stomach; and (3) have the ability to lower blood pressure.

Endocrine tissue (apart from the major glands) is reviewed in Table 18-1. Use it as a reference.

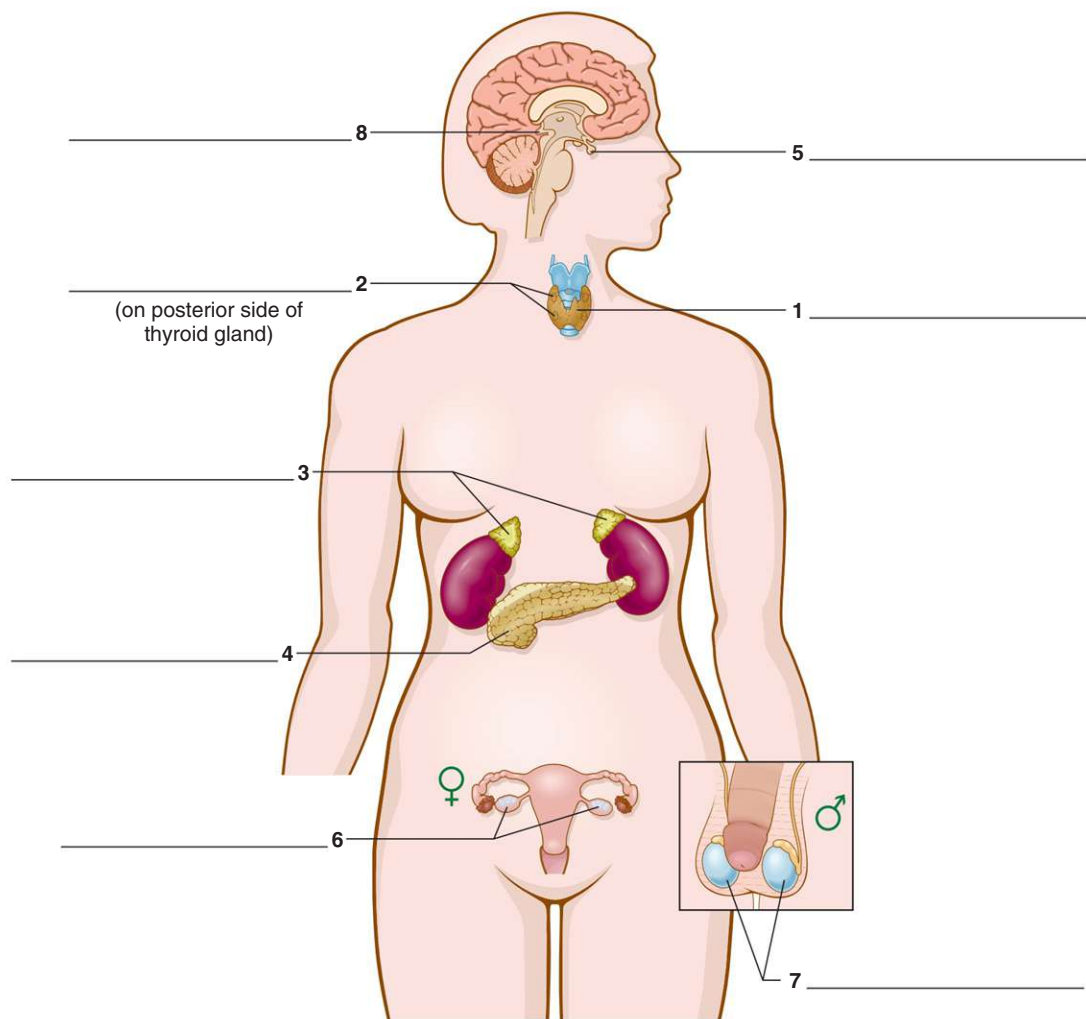


FIGURE 18-1 The endocrine system.

TABLE 18-1 ENDOCRINE TISSUE (APART FROM MAJOR GLANDS): LOCATION, SECRETION, AND ACTION		
Location	Secretion	Action
Body cells	Prostaglandins	Aggregation of platelets Contract uterus Lower acid secretion in stomach Lower blood pressure
Gastrointestinal tract	Cholecystokinin Gastrin Secretin	Contracts gallbladder Stimulates gastric secretion Stimulates pancreatic enzymes
Kidney	Erythropoietin	Stimulates erythrocyte production
Pineal gland	Melatonin	Induces sleep and affects mood
Placenta	Human chorionic gonadotropin	Sustains pregnancy
Skin	Vitamin D	Affects absorption of calcium

THYROID GLAND

LOCATION AND STRUCTURE

Label Figure 18-2.

The **thyroid gland** [1] is composed of a right and a left lobe on either side of the **trachea** [2], just below a large piece of cartilage called the **thyroid cartilage** [3]. The thyroid cartilage covers the larynx and produces the prominence on the neck known in men as the “Adam’s apple.” The **isthmus** [4] of the thyroid gland is a narrow strip of glandular tissue that connects the two lobes on the ventral (anterior) surface of the trachea.

FUNCTION

Two of the hormones secreted by the thyroid gland are **thyroxine** or **tetraiodothyronine (T₄)** and **triiodothyronine (T₃)**. These hormones are synthesized in the thyroid gland from **iodine**, which is picked up from the blood circulating through the gland, and from an amino acid called tyrosine. T₄ (containing four atoms of iodine) is much more concentrated in the blood, whereas T₃ (containing three atoms of iodine) is far more potent in affecting the metabolism of cells. Most thyroid hormone is bound to protein molecules as it travels in the bloodstream.

T₄ and T₃ are necessary in the body to maintain a normal level of metabolism in all body cells. Cells need oxygen to carry on metabolic processes, one aspect of which is burning food to release the energy stored within it. Thyroid hormone aids cells in their uptake of oxygen and thus supports the metabolic rate in the body. Injections of thyroid hormone raise the metabolic rate, whereas removal of the thyroid gland, diminishing thyroid hormone content in the body, results in a lower metabolic rate, heat loss, and poor physical and mental development.

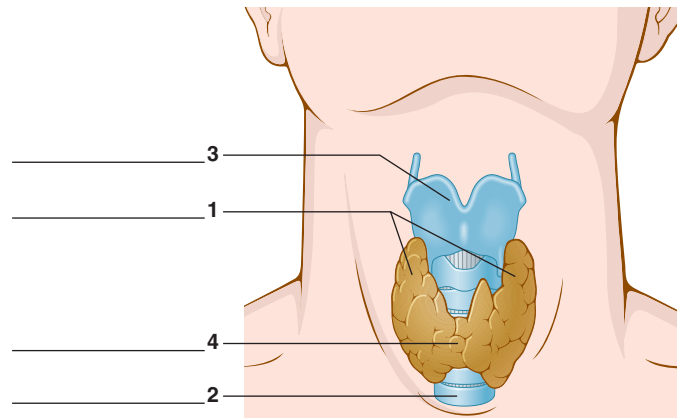


FIGURE 18-2 The thyroid gland, anterior view. Notice how the thyroid gland covers the trachea like a shield (*thyr/o* = *shield*).

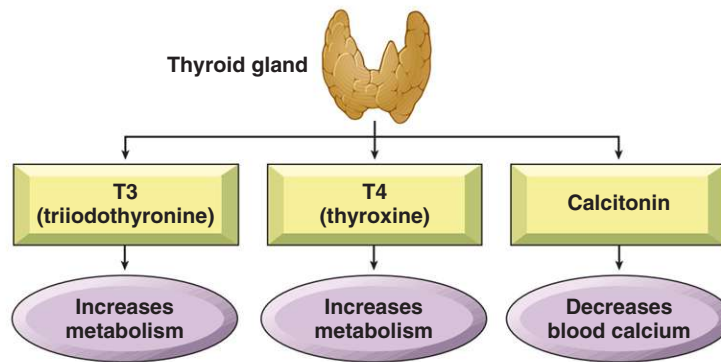


FIGURE 18-3 The thyroid gland: its hormones and actions.

A more recently discovered hormone produced by the thyroid gland is **calcitonin**. Calcitonin is secreted when calcium levels in the blood are high. It stimulates calcium to leave the blood and enter the bones, thus lowering blood calcium back to normal. Calcitonin contained in a nasal spray may be used for treatment of osteoporosis (loss of bone density). By increasing calcium storage in bone, calcitonin strengthens weakened bone tissue and prevents spontaneous bone fractures. Figure 18-3 summarizes the hormones secreted by the thyroid gland.

PARATHYROID GLANDS

LOCATION AND STRUCTURE

Label Figure 18-4.

The **parathyroid glands** [1] are four small oval bodies located on the dorsal aspect of the **thyroid gland** [2].

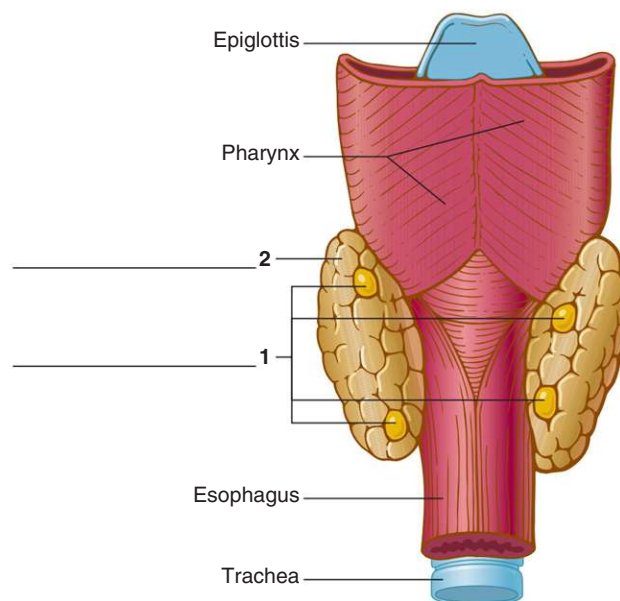


FIGURE 18-4 The parathyroid glands, posterior view. The prefix, para-, means near, or alongside.

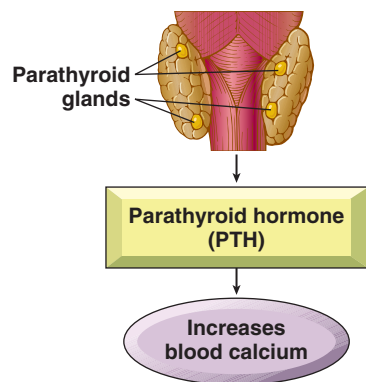


FIGURE 18-5 The parathyroid glands: their hormones and action.

FUNCTION

Parathyroid hormone (PTH) is secreted by the parathyroid glands. This hormone (also known as **parathormone**) mobilizes **calcium** (a mineral substance) from bones into the bloodstream, where calcium is necessary for proper functioning of body tissues, especially muscles. Normally, calcium in the food we eat is absorbed from the intestine and carried by the blood to the bones, where it is stored. The adjustment of the level of calcium in the blood is a good example of the way hormones in general control the **homeostasis** (equilibrium or constancy in the internal environment) of the body. If blood calcium decreases (as in pregnancy or in vitamin D deficiency), parathyroid hormone secretion increases, causing calcium to leave bones and enter the bloodstream. In this way, blood calcium levels are brought back to normal (Figure 18-5).

ADRENAL GLANDS

LOCATION AND STRUCTURE

Label Figure 18-6.

The **adrenal glands** are two small glands, one on top of each **kidney** [1]. Each gland consists of two parts: an outer portion, the **adrenal cortex** [2], and an inner portion, the **adrenal medulla** [3]. The adrenal cortex and adrenal medulla are two glands in one, secreting different hormones. The adrenal cortex secretes **steroids** or **corticosteroids** (complex

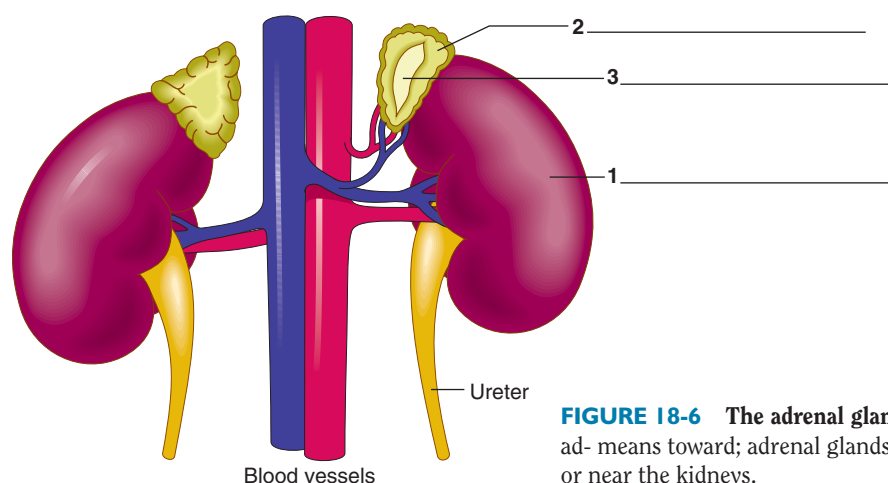


FIGURE 18-6 The adrenal glands. The prefix ad- means toward; adrenal glands are located “toward” or near the kidneys.

chemicals derived from cholesterol); the adrenal medulla secretes **catecholamines** (chemicals derived from amino acids).

FUNCTION

The **adrenal cortex** secretes three types of **corticosteroids**.

1. **Glucocorticoids**—These steroid hormones have an important influence on the metabolism of sugars, fats, and proteins within all body cells and have a powerful anti-inflammatory effect.
Cortisol helps regulate glucose, fat, and protein metabolism. It raises blood glucose as part of a response to stress. **Cortisone** is a hormone very similar to cortisol and can be prepared synthetically. Cortisone is useful in treating inflammatory conditions such as rheumatoid arthritis.
2. **Mineralocorticoids**—The major mineralocorticoid is **aldosterone**. It regulates the concentration of mineral **salts (electrolytes)** in the body. Aldosterone acts on the kidney to reabsorb **sodium** (an important **electrolyte**) and water and to excrete **potassium** (another major **electrolyte**). Thus, it regulates blood volume and blood pressure and electrolyte concentration.
3. **Sex hormones**—**Androgens** (testosterone) and **estrogens** are secreted in small amounts and influence secondary sex characteristics, such as pubic and axillary hair in boys and girls. In females, the masculinizing effects of adrenal androgens (increased body hair), may appear when levels of ovarian estrogen decrease after menopause.

Think of the “three S’s” to recall the main adrenal cortex hormones that influence **sugar** (cortisol), **salt** (aldosterone), and **sex** (androgens and estrogens).

The **adrenal medulla** secretes two types of **catecholamine** hormones:

1. **Epinephrine (adrenaline)**—Increases heart rate and blood pressure, dilates bronchial tubes, and releases glucose (sugars) from glycogen (storage substance) when the body needs it for more energy.
2. **Norepinephrine (noradrenaline)**—Constricts blood vessels to raise blood pressure.

Both epinephrine and norepinephrine are **sympathomimetic** agents because they mimic, or copy, the actions of the sympathetic nervous system. They are released to help the body meet the challenges of stress in response to stimulation by the sympathetic nervous system.

Figure 18-7 summarizes hormones secreted by the adrenal glands and their actions.

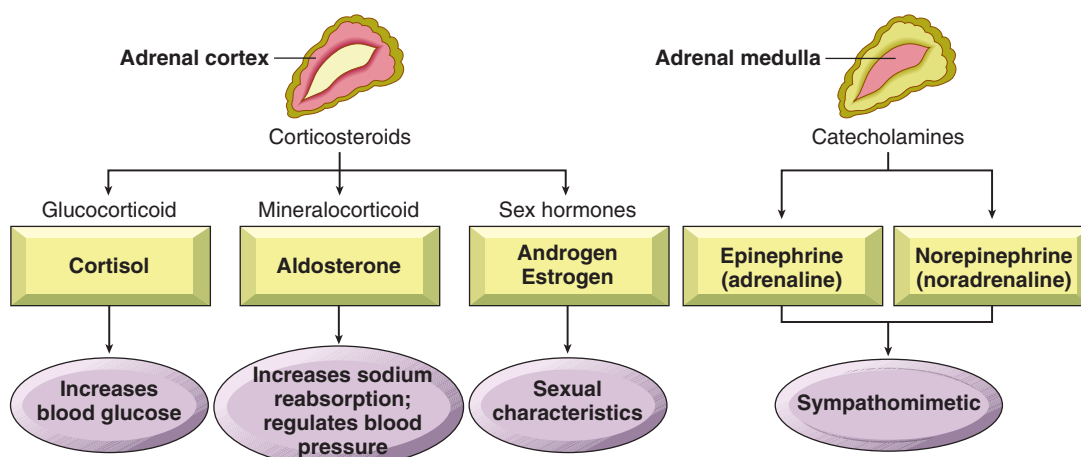


FIGURE 18-7 The adrenal cortex and adrenal medulla: their hormones and actions.

PANCREAS

LOCATION AND STRUCTURES

Label Figure 18-8.

The **pancreas** [1] is located near and partly behind the **stomach** [2] in the region of the first and second lumbar vertebrae. The endocrine tissue of the pancreas consists of specialized hormone-producing cells called the **islets of Langerhans** [3] or **islet cells**. More than 98% of the pancreas consists of exocrine cells (glands and ducts). These cells secrete digestive enzymes into the gastrointestinal tract.

FUNCTION

The islets of Langerhans produce **insulin** (produced by beta cells) and **glucagon** (produced by alpha cells). Both play a role regulating blood **glucose** (sugar) levels. When blood glucose rises, insulin lowers blood sugar by helping it enter body cells. Insulin also lowers blood sugar by causing conversion of **glucose** to **glycogen** (a starch storage form of sugar) in the liver. If blood glucose levels fall too low, glucagon raises blood sugar by acting on liver cells to promote conversion of glycogen back to glucose. Thus, the endocrine function of the pancreas is another example of **homeostasis**, the body's ability to regulate its inner environment to maintain stability.

Figure 18-9 reviews the secretions of the islet cells and their actions.

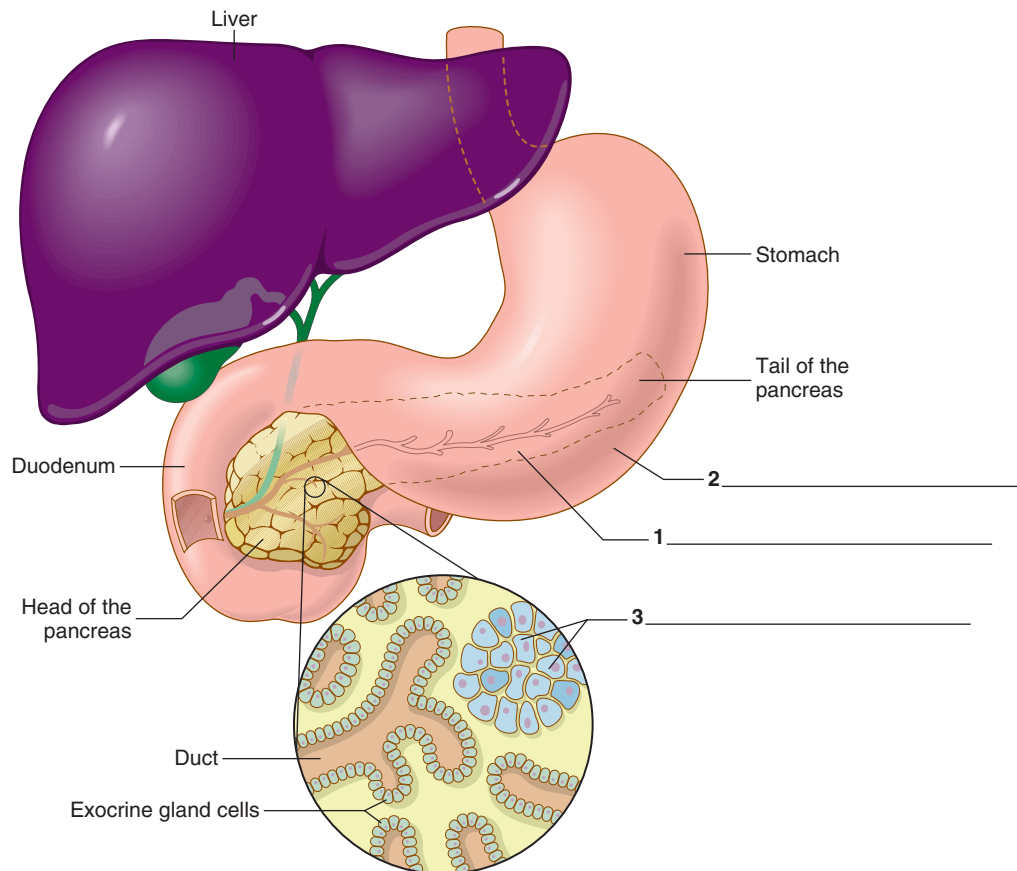


FIGURE 18-8 The pancreas and surrounding organs.

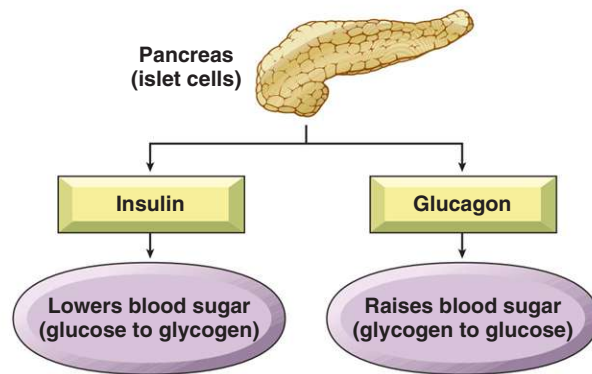


FIGURE 18-9 The pancreas (islet cells): its hormones and actions. Insulin is the only hormone that lowers blood sugar levels.

PITUITARY GLAND

LOCATION AND STRUCTURE

Label Figure 18-10.

The **pituitary gland**, also called the **hypophysis**, is a small pea-sized gland located at the base of the brain in a small pocket-like depression of the skull called the **sella turcica**. It is a well-protected gland, with the entire mass of the brain above it and the nasal cavity below. The ancient Greeks incorrectly imagined that its function was to produce *pituita*, or nasal secretion.

The pituitary consists of two distinct parts: an **anterior lobe** or **adenohypophysis** [1], composed of glandular epithelial tissue, and a **posterior lobe** or **neurohypophysis** [2], composed of nervous tissue. The **hypothalamus** [3] is a region of the brain under the thalamus and above the pituitary gland. Signals transmitted from the hypothalamus control secretions by the pituitary gland. Special secretory neurons in the hypothalamus send releasing and inhibiting factors (hormones) via capillaries to the anterior pituitary gland.

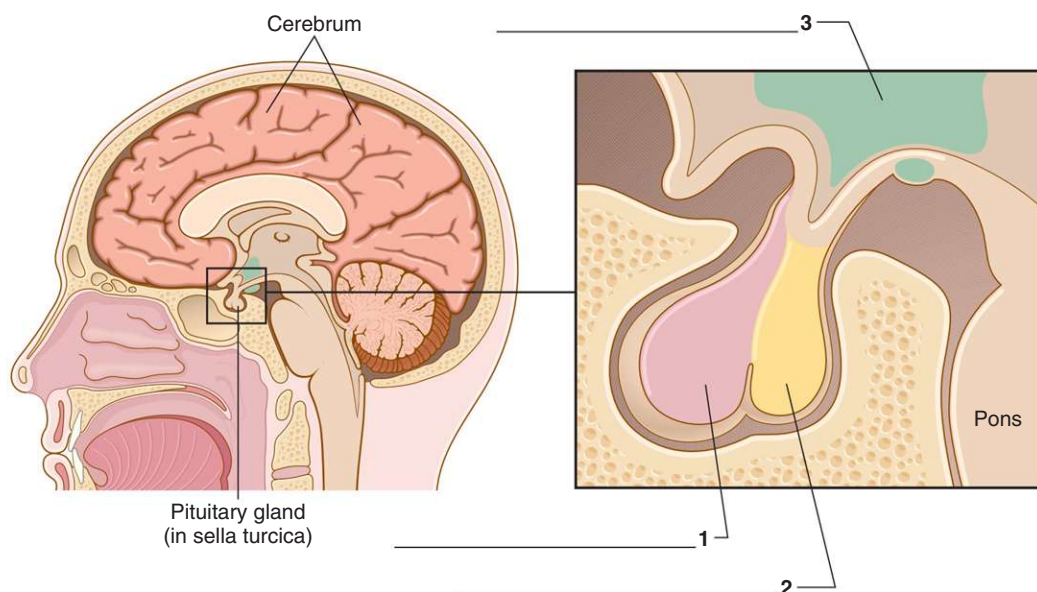


FIGURE 18-10 The pituitary gland.

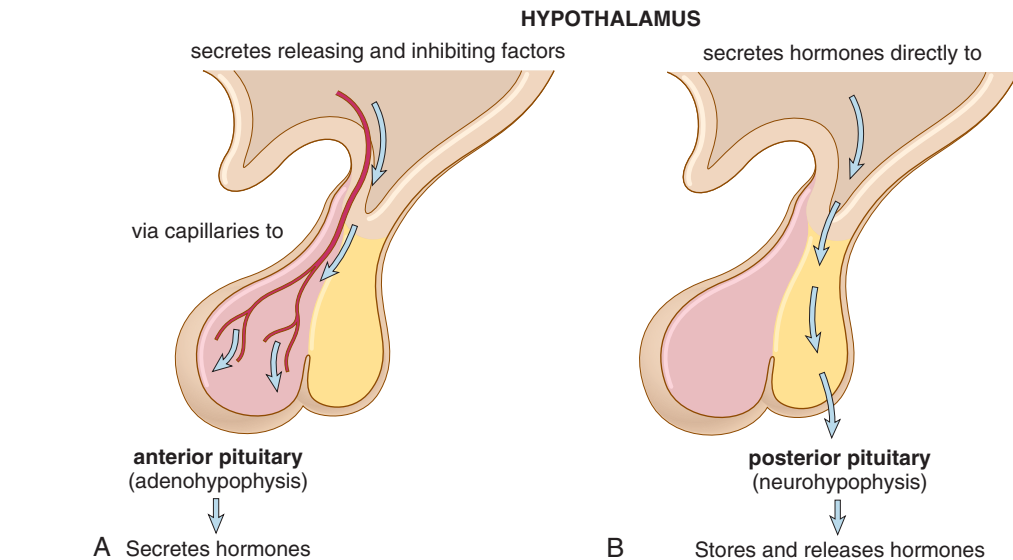


FIGURE 18-11 A, The relationship of the hypothalamus to the anterior pituitary gland. B, The relationship of the hypothalamus to the posterior pituitary gland.

These factors stimulate or inhibit secretion of hormones from the anterior pituitary (Figure 18-11A). The hypothalamus also produces and secretes hormones directly to the posterior pituitary gland, where the hormones are stored and then released (Figure 18-11B).

FUNCTION

Although no bigger than a pea, the **pituitary gland** is often called the “**master gland**” because it makes hormones that control several other endocrine glands.

The major hormones of the **anterior pituitary gland** are:

1. **Growth hormone (GH), or somatotropin (STH)**—Promotes protein synthesis that results in the growth of bones, muscles, and other tissues. GH also stimulates the liver to make insulin-like growth factor, which stimulates the growth of bones. It increases blood glucose levels and is secreted during exercise, sleep, and hypoglycemia.
2. **Thyroid-stimulating hormone (TSH), or thyrotropin**—Stimulates the growth of the thyroid gland and secretion of thyroxine (T₄) and triiodothyronine (T₃).
3. **Adrenocorticotrophic hormone (ACTH), or adrenocorticotropin**—Stimulates the growth of the adrenal cortex and increases its secretion of steroid hormones (primarily cortisol).
4. **Gonadotropic hormones**—Several gonadotropic hormones influence the growth and hormone secretion of the ovaries in females and the testes in males.
In the female, **follicle-stimulating hormone (FSH)** and **luteinizing hormone (LH)** stimulate the growth of eggs in the ovaries, the production of hormones, and ovulation. In the male, FSH influences the production of sperm, and LH (an interstitial cell-stimulating hormone) stimulates the testes to produce testosterone.
5. **Prolactin (PRL)**—Stimulates breast development during pregnancy and sustains milk production after birth.

The **posterior pituitary gland** stores and releases two important hormones that are synthesized in the hypothalamus:

1. **Antidiuretic hormone (ADH), also called vasopressin**—Stimulates the reabsorption of water by the kidney tubules. In addition, ADH also increases blood pressure by constricting arterioles.

2. **Oxytocin (OT)**—Stimulates the uterus to contract during childbirth and maintains labor during childbirth. Oxytocin is also secreted during suckling and causes the production of milk from the mammary glands.

Figure 18-12 summarizes hormones secreted by the pituitary gland and their functions.

OVARIES

LOCATION AND STRUCTURE

The **ovaries** are two small glands located in the lower abdominal region of the female. The ovaries produce the female gamete, the ovum, as well as hormones that are responsible for female sex characteristics and regulation of the menstrual cycle.

FUNCTION

The ovarian hormones are **estrogens** (**estradiol** and **estrone**) and **progesterone**. Estrogens stimulate development of ova (eggs) and development of female secondary sex characteristics. Progesterone is responsible for the preparation and maintenance of the uterus in pregnancy.

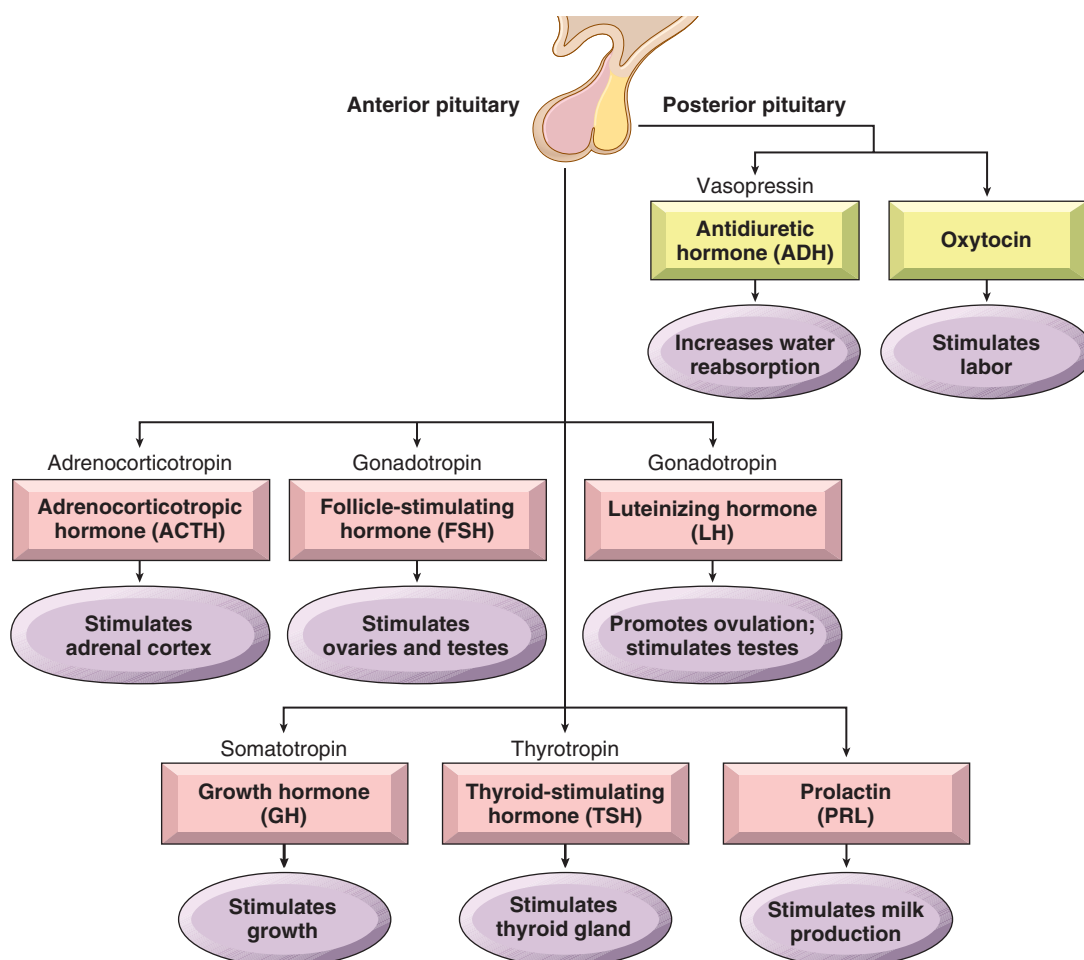


FIGURE 18-12 The pituitary gland: its hormones and actions.

TESTES

LOCATION AND STRUCTURE

The **testes** are two small ovoid glands suspended from the inguinal region of the male by the spermatic cord and surrounded by the scrotal sac. The testes produce the male gametes, spermatozoa, as well as the male hormone called **testosterone**.

FUNCTION

Testosterone is an **androgen** (male steroid hormone) that stimulates development of sperm and secondary sex characteristics in the male (development of beard and pubic hair, deepening of voice, and distribution of fat).

Figure 18-13 reviews the hormones secreted by the ovaries and testes.

Table 18-2 lists the major endocrine glands, their hormones, and the actions they produce.

TABLE 18-2 MAJOR ENDOCRINE GLANDS: THE HORMONES THEY PRODUCE AND THEIR ACTIONS

Endocrine Gland	Hormone	Action
Thyroid	<ul style="list-style-type: none"> Thyroxine (T₄); triiodothyronine (T₃) Calcitonin 	<ul style="list-style-type: none"> Increases metabolism in body cells Decreases blood calcium
Parathyroids	<ul style="list-style-type: none"> Parathyroid hormone 	<ul style="list-style-type: none"> Increases blood calcium
Adrenals		
Cortex	<ul style="list-style-type: none"> Cortisol (glucocorticoid) Aldosterone (mineralocorticoid) Androgens, estrogens (sex hormones) 	<ul style="list-style-type: none"> Increases blood sugar Increases reabsorption of sodium Secondary sex characteristics
Medulla	<ul style="list-style-type: none"> Epinephrine (adrenaline) Norepinephrine (noradrenaline) 	<ul style="list-style-type: none"> Sympathomimetic Sympathomimetic
Pancreas		
Islet cells	<ul style="list-style-type: none"> Insulin Glucagon 	<ul style="list-style-type: none"> Decreases blood sugar (glucose to glycogen) Increases blood sugar (glycogen to glucose)
Pituitary		
Anterior lobe	<ul style="list-style-type: none"> Growth hormone (GH) (somatotropin) Thyroid-stimulating hormone (TSH) Adrenocorticotrophic hormone (ACTH) Gonadotropins Follicle-stimulating hormone (FSH) Luteinizing hormone (LH) 	<ul style="list-style-type: none"> Increases bone and tissue growth Stimulates thyroid gland and thyroxine secretion Stimulates adrenal cortex, especially cortisol secretion Oogenesis and spermatogenesis Promotes ovulation; testosterone secretion Promotes growth of breast tissue and milk secretion
Posterior lobe	<ul style="list-style-type: none"> Prolactin (PRL) Antidiuretic hormone (ADH) (vasopressin) Oxytocin 	<ul style="list-style-type: none"> Stimulates reabsorption of water by kidney tubules Stimulates contraction of the uterus during labor and childbirth
Ovaries	<ul style="list-style-type: none"> Estrogens Progesterone 	<ul style="list-style-type: none"> Promote development of ova and female secondary sex characteristics Prepares and maintains the uterus in pregnancy
Testes	<ul style="list-style-type: none"> Testosterone 	<ul style="list-style-type: none"> Promotes development of sperm and male secondary sex characteristics

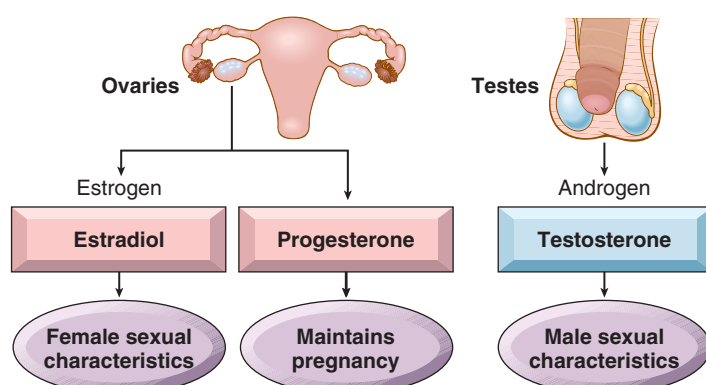


FIGURE 18-13 The ovaries and testes: their hormones and actions.



VOCABULARY

This list reviews many new terms introduced in the text. Short definitions reinforce your understanding of the terms. Refer to the Pronunciation of Terms on page 790 for help with unfamiliar or difficult words.

MAJOR ENDOCRINE GLANDS

adrenal cortex	Outer section (cortex) of each adrenal gland; secretes cortisol, aldosterone, and sex hormones.
adrenal medulla	Inner section (medulla) of each adrenal gland; secretes epinephrine and norepinephrine.
ovaries	Located in the lower abdomen of a female; responsible for egg production and estrogen and progesterone secretion.
pancreas	Located behind the stomach. Islet (alpha and beta) cells (islets of Langerhans) secrete hormones from the pancreas. The pancreas also contains cells that are exocrine in function. They secrete enzymes, via a duct, into the small intestine to aid digestion.
parathyroid glands	Four small glands on the posterior of the thyroid gland. Some people may have three or five parathyroid glands.
pituitary gland (hypophysis)	Located at the base of the brain in the sella turcica; composed of an anterior lobe (adenohypophysis) and a posterior lobe (neurohypophysis). It weighs only $\frac{1}{16}$ of an ounce and is a half-inch across.
testes	Two glands enclosed in the scrotal sac of a male; responsible for sperm production and testosterone secretion.
thyroid gland	Located in the neck on either side of the trachea; secretes thyroxine, triiodothyronine, and calcitonin.

HORMONES

adrenaline (epinephrine)	Secreted by the adrenal medulla; increases heart rate and blood pressure.
adrenocorticotrophic hormone (ACTH)	Secreted by the anterior lobe of the pituitary gland (adenohypophysis); also called adrenocorticotropin . ACTH stimulates the adrenal cortex.

aldosterone	Secreted by the adrenal cortex; increases salt (sodium) reabsorption.
androgen	Male hormone secreted by the testes and to a lesser extent by the adrenal cortex; testosterone is an example.
antidiuretic hormone (ADH)	Secreted by the posterior lobe of the pituitary gland (neurohypophysis). ADH (vasopressin) increases reabsorption of water by the kidney.
calcitonin	Secreted by the thyroid gland; decreases blood calcium levels.
cortisol	Secreted by the adrenal cortex; increases blood sugar. It is secreted in times of stress and has an anti-inflammatory effect.
epinephrine (adrenaline)	Secreted by the adrenal medulla; increases heart rate and blood pressure and dilates airways (sympathomimetic). It is part of the body's "fight or flight" reaction.
estradiol	Estrogen (female hormone) secreted by the ovaries.
estrogen	Female hormone secreted by the ovaries and to a lesser extent by the adrenal cortex. Examples are estradiol and estrone.
follicle-stimulating hormone (FSH)	Secreted by the anterior lobe of the pituitary gland (adenohypophysis). FSH stimulates hormone secretion and egg production by the ovaries and sperm production by the testes.
glucagon	Secreted by alpha islet cells of the pancreas; increases blood sugar by conversion of glycogen (starch) to glucose.
growth hormone (GH); somatotropin	Secreted by the anterior lobe of the pituitary gland (adenohypophysis); stimulates growth of bones and soft tissues.
insulin	Secreted by beta islet cells (Latin <i>insula</i> means island) of the pancreas. Insulin helps glucose (sugar) to pass into cells, and it promotes the conversion of glucose to glycogen.
luteinizing hormone (LH)	Secreted by the anterior lobe of the pituitary gland (adenohypophysis); stimulates ovulation in females and testosterone secretion in males.
norepinephrine	Secreted by the adrenal medulla; increases heart rate and blood pressure (sympathomimetic). Nor- in chemistry means a parent compound from which another is derived. Also called noradrenaline.
oxytocin (OT)	Secreted by the posterior lobe of the pituitary gland (neurohypophysis); stimulates contraction of the uterus during labor and childbirth.
parathormone (PTH)	Secreted by the parathyroid glands; increases blood calcium.
progesterone	Secreted by the ovaries; prepares the uterus for pregnancy.
prolactin (PRL)	Secreted by the anterior lobe of the pituitary gland (adenohypophysis); promotes milk secretion.
somatotropin (STH)	Secreted by the anterior lobe of the pituitary gland (adenohypophysis); growth hormone.
testosterone	Male hormone secreted by the testes.
thyroid-stimulating hormone (TSH); thyrotropin	Secreted by the anterior lobe of the pituitary gland (adenohypophysis). TSH acts on the thyroid gland to promote its functioning. Note: TSH is not secreted by the thyroid gland.

thyroxine (T4)	Secreted by the thyroid gland; also called tetraiodothyronine . T4 increases metabolism in cells.
triiodothyronine (T3)	Secreted by the thyroid gland; T3 increases metabolism in cells. Note: The extra n in -thyronine (pronounced THĪ-rō-nēn) avoids the combination of two vowels (o and i).
vasopressin	Secreted by the posterior lobe of the pituitary gland (neurohypophysis); antidiuretic hormone (ADH) . Vasopressin increases water reabsorption and raises blood pressure.
RELATED TERMS	
catecholamines	Hormones derived from an amino acid and secreted by the adrenal medulla. Epinephrine is a catecholamine.
corticosteroids	Hormones (steroids) produced by the adrenal cortex. Examples are cortisol (raises sugar levels), aldosterone (raises salt reabsorption by kidneys), and androgens and estrogens (sex hormones).
electrolyte	Mineral salt found in the blood and tissues and necessary for proper functioning of cells; potassium, sodium, and calcium are electrolytes.
glucocorticoid	Steroid hormone secreted by the adrenal cortex; regulates glucose, fat, and protein metabolism. Cortisol raises blood sugar and is part of the stress response.
homeostasis	Tendency of an organism to maintain a constant internal environment.
hormone	Substance, secreted by an endocrine gland, that travels through the blood to a distant organ or gland where it influences the structure or function of that organ or gland.
hypothalamus	Region of the brain lying below the thalamus and above the pituitary gland. It secretes releasing factors and hormones that affect the pituitary gland.
mineralocorticoid	Steroid hormone secreted by the adrenal cortex to regulate mineral salts (electrolytes) and water balance in the body. Aldosterone is an example.
receptor	Cellular or nuclear protein that binds to a hormone so that a response can be elicited.
sella turcica	Cavity in the skull that contains the pituitary gland.
sex hormones	Steroids (androgens and estrogens) produced by the adrenal cortex to influence male and female sexual characteristics.
steroid	Complex substance related to fats (derived from a sterol, such as cholesterol), and of which many hormones are made. Examples of steroids are estrogens, androgens, glucocorticoids, and mineralocorticoids. Ster/o means solid; -ol means oil.
sympathomimetic	Pertaining to mimicking or copying the effect of the sympathetic nervous system. Adrenaline (epinephrine) is a sympathomimetic hormone (it raises blood pressure and heart rate and dilates airways).
target tissue	Cells of an organ that are affected or stimulated by specific hormones.



TERMINOLOGY


Write the meanings of the medical terms in the spaces provided.

COMBINING FORMS: GLANDS

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
aden/o	gland	<u>aden</u> ectomy _____	
adrenal/o	adrenal gland	<u>adrena</u> lectomy _____	
gonad/o	sex glands (ovaries and testes)	<u>gonad</u> otropin _____ <i>Here, -tropin means to act on. Gonadotropins act on (stimulate) gonads. Examples of gonadotropins are FSH and LH, secreted by the pituitary gland.</i>	
		hypogonadism _____ <i>Deficiency of gonadotropins can produce hypogonadism.</i>	
pancreat/o	pancreas	<u>pancreat</u> ectomy _____	
parathyroid/o	parathyroid gland	<u>parathyroid</u> ectomy _____	
pituitar/o	pituitary gland; hypophysis	hypopituitarism _____ <i>Pituitary dwarfism (see page 774) is caused by hypopituitarism.</i>	
thyr/o, thyroid/o	thyroid gland	<u>thyro</u> tropic hormone _____ <i>Thyroid-stimulating hormone (TSH) is a thyrotropic hormone secreted by the pituitary gland.</i>	
		<u>thyroid</u> itis _____ <i>May result from bacterial or viral infection, or an autoimmune reaction. Symptoms are throat pain, swelling, tenderness, and signs of hyperthyroidism. The condition may progress to destruction of the thyroid gland and hypothyroidism. In Hashimoto disease, or autoimmune thyroiditis, antibodies trigger lymphocytes to destroy follicular cells in the thyroid gland, producing hypothyroidism.</i>	

COMBINING FORMS: RELATED TERMS

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
andr/o	male	<u>andro</u> gen _____ <i>Androgens are produced by the testes in males and by the adrenal cortex in males and females.</i>	
calc/o, calci/o	calcium	hypercalcemia _____	
		hypocalcemia _____	
		hypercalciuria _____	

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
cortic/o	cortex, outer region	<u>cortic</u> osteroid _____	
crin/o	secrete	endocrinologist _____	
dips/o	thirst	poly <u>dips</u> ia _____ <i>Poly- means many or increased. Uncontrolled diabetes (mellitus or insipidus) causes increased thirst. See page 771.</i>	
estr/o	female	<u>estrog</u> enic _____	
gluc/o	sugar	<u>gluc</u> agon _____ <i>In this term, -agon means to assemble or gather together. Glucagon raises blood sugar by stimulating its release from glycogen into the bloodstream.</i>	
glyc/o	sugar	hyper <u>glyc</u> emia _____ <u>glyc</u> emic _____ <i>A patient with diabetes mellitus requires glycemic control.</i> <u>glyc</u> ogen _____ <i>Glycogen is animal starch that can be converted to glucose by the liver. Glucagon promotes glycogenolysis.</i>	
home/o	sameness	<u>home</u> ostasis _____ <i>The suffix -stasis means to control.</i>	
hormon/o	hormone	<u>hormon</u> al _____	
kal/i	potassium 	hypok <u>al</u> emia _____ <i>This condition can occur in dehydration and with excessive vomiting and diarrhea. The heart is particularly sensitive to potassium loss.</i>	
lact/o	milk	pro <u>lact</u> in _____ <i>The suffix -in means a substance.</i>	
myx/o	mucus	<u>myx</u> edema _____ <i>Mucus-like material accumulates under the skin. See page 767.</i>	
natr/o	sodium 	hypon <u>atr</u> emia _____ <i>Occurs with hyposecretion of the adrenal cortex as salts and water leave the body.</i>	



Potassium and Sodium

In patient charts, potassium is abbreviated as **K** and sodium is abbreviated as **Na**. As electrolytes, they are written as **K⁺** and **Na⁺**.

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
phys/o	growing	hypophy <u>sectomy</u> _____ <i>The hypophysis is the pituitary gland, which is so named because it grows from the undersurface (hypo-) of the brain (Figure 18-14).</i>	
somat/o	body	somat <u>otropin</u> _____ <i>Growth hormone.</i>	
ster/o	solid structure	<u>steroid</u> _____ <i>This complex, solid, ring-shaped molecule resembles a sterol (such as cholesterol); many hormones (androgens, estrogens, glucocorticoids, and mineralocorticoids) are steroids.</i>	
toc/o	childbirth	oxy <u>tocin</u> _____ <i>Oxy- means rapid.</i>	
toxic/o	poison	thyro <u>toxicosis</u> _____ <i>Condition caused by excessive thyroid gland activity and oversecretion of thyroid hormone. Signs and symptoms are sweating, weight loss, tachycardia, and nervousness.</i>	
ur/o	urine	antidi <u>uretic</u> hormone _____ <i>Posterior pituitary hormone that affects the kidneys and reduces water loss.</i>	

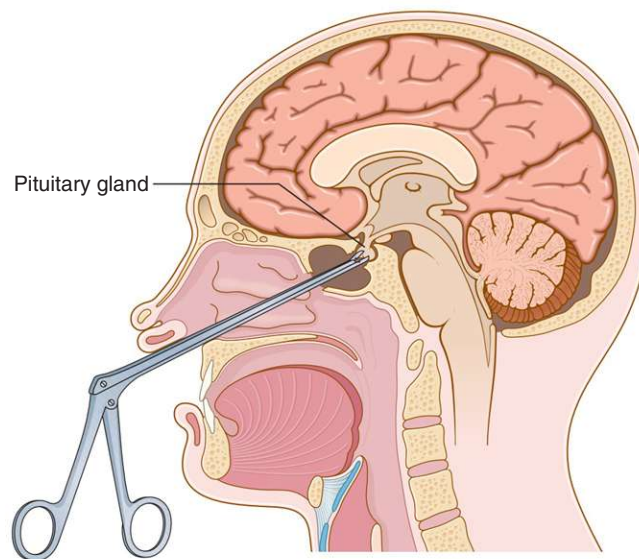



FIGURE 18-14 Hypophysectomy. Abnormal pituitary gland tissue is removed with instruments passed through the nasal passages and an opening created in the sphenoid bone (transsphenoidal hypophysectomy). The gland is removed to slow the growth of endocrine-dependent malignant tumors or to excise a pituitary tumor. Other treatments to destroy pituitary tissue include radiation therapy, radioactive implants, and cryosurgery.

SUFFIXES

SUFFIX	MEANING	TERMINOLOGY	MEANING
-agon	assemble, gather together	glucagon _____	
-emia	blood condition	hypoglycemia _____	
-in, -ine	substance	epinephrine _____	
-trophin	stimulating the function of (to turn or act on)	adrenocorticotrophin _____ <i>The ending -tropic is the adjective form (adrenocorticotrophic hormone).</i>	
-uria	urine condition	glycosuria _____ <i>Sign of diabetes mellitus.</i>	

PREFIXES

PREFIX	MEANING	TERMINOLOGY	MEANING
eu-	good, normal	euthyroid _____	
hyper-	excessive; above	hyperkalemia _____ <i>Seen in acute renal failure, massive trauma, and major burns.</i>	
hypo-	deficient; below; under; less than normal	hypoinsulinism _____ <i>Deficient secretion of insulin by the pancreas.</i>	
oxy-	rapid, sharp, acid 	oxytocin _____	
pan-	all	panhypopituitarism _____	
poly-	many or increased	polyuria _____ <i>This is a sign of uncontrolled diabetes (mellitus and insipidus).</i>	
tetra-	four	tetraiodothyronine _____ <i>Iod/o means iodine.</i>	
tri-	three	triiodothyronine _____	



Oxy/o Meaning Acid

In 1774, the French scientist Antoine Lavoisier named a new gas **oxygen** because he incorrectly believed that the gas was an essential part of all acids.

PATHOLOGY

THYROID GLAND

Enlargement of the thyroid gland is **goiter** (Figure 18-15A). **Endemic** (**en-** = in; **dem/o** = people) **goiter** occurs in certain regions where there is a lack of **iodine** in the diet. Goiter develops when low iodine levels lead to low T3 and T4 levels. This causes feedback to the hypothalamus and adenohypophysis, stimulating them to secrete releasing factors and TSH. TSH then promotes the thyroid gland to secrete T3 and T4, but because there is no iodine available, the only effect is to increase the size of the gland (goiter). Prevention includes increasing the supply of iodine (as iodized salt) in the diet.

Another type of goiter is **nodular** or **adenomatous goiter**, in which hyperplasia occurs as well as formation of nodules and adenomas. Some patients with nodular goiter develop hyperthyroidism with clinical signs and symptoms such as rapid pulse, tremors, nervousness, and excessive sweating. Treatment is with thyroid-blocking drugs or radioactive iodine to suppress thyroid functioning.

Hypersecretion

hyperthyroidism

Overactivity of the thyroid gland; thyrotoxicosis.

The most common form of this condition is **Graves disease** (resulting from autoimmune processes). Because metabolism is faster, the condition is marked by an increase in heart rate (with irregular beats), higher body temperature, hyperactivity, weight loss, and increased peristalsis (diarrhea occurs). In addition, **exophthalmos** (protrusion of the eyeballs, or **proptosis**) occurs as a result of swelling of tissue behind the eyeball, pushing it forward. Treatment of Graves disease includes management with antithyroid drugs to reduce the amount of thyroid hormone produced by the gland and administration of radioactive iodine, which destroys the overactive glandular tissue. Figure 18-15B shows a patient with Graves disease.



FIGURE 18-15 **A, Goiter.** Notice the wide neck, indicating enlargement of the thyroid gland. Goiter comes from the Latin *guttur*, meaning throat. **B, Exophthalmos in Graves disease.** Note the staring or startled expression resulting from periorbital edema (swelling of tissue around the eyeball or orbit of the eye). Exophthalmos usually persists despite treatment of Graves disease.

Hyposecretion

hypothyroidism

Underactivity of the thyroid gland.

Any of several conditions can produce hypothyroidism (thyroidectomy, thyroiditis, endemic goiter, destruction of the gland by irradiation), but all have similar physiologic effects. These include fatigue, muscular and mental sluggishness, weight gain, fluid retention, slow heart rate, low body temperature, and constipation. Two examples of hypothyroid disorders are myxedema and cretinism.

Myxedema is advanced hypothyroidism in adulthood. Atrophy of the thyroid gland occurs, and practically no hormone is produced. The skin becomes dry and puffy (edema) because of the collection of mucus-like (myx/o = mucus) material under the skin. Many patients also develop atherosclerosis because lack of thyroid hormone increases the quantity of blood lipids (fats). Recovery may be complete if thyroid hormone is given soon after symptoms appear. Figure 18-16A on page 768 shows a patient with myxedema.

In **cretinism**, extreme hypothyroidism during infancy and childhood leads to a lack of normal physical and mental growth. Skeletal growth is more inhibited than soft tissue growth, so the affected person has the appearance of an obese, short, and stocky child. Treatment consists of administration of thyroid hormone, which may be able to reverse some of the hypothyroid effects.

Neoplasms

thyroid carcinoma

Cancer of the thyroid gland.

More than half of thyroid malignancies are slow-growing papillary carcinomas and about one third are slow-growing follicular carcinomas. Others include rapidly growing anaplastic (widely metastatic) tumors. Radioactive iodine scans distinguish hyperfunctioning areas from hypofunctioning areas. “Hot” tumor areas (those collecting more radioactivity than surrounding tissues) usually indicate hyperthyroidism and benign growth; “cold,” nonfunctional nodules can be either benign or malignant. Ultimately, fine needle aspiration, surgical biopsy, or excision is required to make the diagnosis. Total or subtotal thyroidectomy with lymph node removal is indicated for most thyroid carcinomas. Postsurgical treatment with radioactive iodine destroys remaining tissue, and high doses of exogenous thyroid hormone are given to suppress TSH, in an effort to cause regression of residual tumor dependent on TSH.

PARATHYROID GLANDS

Hypersecretion

hyperparathyroidism

Excessive production of parathormone.

Hypercalcemia occurs as calcium leaves the bones and enters the bloodstream, where it can produce damage to the kidneys and heart. Bones become decalcified with generalized loss of bone density (osteoporosis) and susceptibility to fractures and formation of cysts. Kidney stones can occur as a result of hypercalcemia and hypercalciuria. The cause is parathyroid hyperplasia or a parathyroid tumor. Treatment is resection of the overactive tissue. Medical therapy is another option for the patient who is not a surgical candidate. Bisphosphonates, such as alendronate (Fosamax), decrease bone turnover and decrease hypercalcemia.

Hyposecretion**hypoparathyroidism****Deficient production of parathyroid hormone.**

Hypocalcemia results as calcium remains in bones and is unable to enter the bloodstream. This leads to muscle and nerve weakness with spasms of muscles, a condition called **tetany** (constant muscle contraction). Administration of calcium plus large quantities of vitamin D (to promote absorption of calcium) can control the calcium level in the bloodstream.

ADRENAL CORTEX**Hypersecretion****adrenal virilism****Excessive secretion of adrenal androgens.**

Adrenal hyperplasia or more commonly adrenal adenomas or carcinomas can cause **virilization** in adult women. Signs and symptoms include amenorrhea, **hirsutism** (excessive hair on the face and body), acne, and deepening of the voice. Drug therapy to suppress androgen production and adrenalectomy are possible treatments.

Cushing syndrome**Group of signs and symptoms produced by excess cortisol from the adrenal cortex.**

A number of signs and symptoms occur as a result of increased cortisol secretion, including obesity, moon-like fullness of the face, excess deposition of fat in the thoracic region of the back (so-called buffalo hump), hyperglycemia, hypernatremia, hypokalemia, osteoporosis, virilization, and hypertension. The cause may be excess ACTH secretion or tumor of the adrenal cortex. Tumors and disseminated cancers can be associated with ectopic secretion of hormone, such as ectopic ACTH produced by nonendocrine neoplasms (lung and thyroid tumors). Figure 18-16B shows a woman with Cushing syndrome. See the **In Person** story, page 781, of a woman's journey with Cushing syndrome.



FIGURE 18-16 **A, Myxedema.** Note the dull, puffy, yellowed skin; coarse, sparse hair; prominent tongue.
B, Cushing syndrome. Elevated plasma levels of cortisol (steroids) produce obesity, rounded facial appearance (moon-face), thin skin that bruises easily, and muscle weakness.
(A, Courtesy Paul W. Ladenson, MD, Johns Hopkins University and Hospital, Baltimore)

**Cushing Disease**

Cushing disease is one cause of Cushing syndrome. In Cushing disease, a benign tumor of the pituitary gland (pituitary adenoma) increases ACTH secretion, stimulating the adrenal cortex to produce excess cortisol. The cure for Cushing disease is removal of the pituitary adenoma. Dr. Harvey Cushing described the condition in 1932.



FIGURE 18-17 Addison disease. Notice the darker skin discoloration, especially evident on the face.

In clinical practice, most cases of Cushing syndrome result from chronic use of cortisone-like drugs, such as steroids. Examples are the cases in young athletes seeking to improve their performance and in patients treated for autoimmune disorders, asthma, kidney, and skin conditions. Steroids (prednisone is an example) are never discontinued abruptly because the adrenal cortex and pituitary gland (ACTH producer) need time to “restart” after long periods of prescribed cortisol use (the adrenal gland stops producing cortisol when cortisol is given as therapy).

Hyposecretion

Addison disease

Hypofunctioning of the adrenal cortex.

The adrenal cortex is essential to life. When aldosterone and cortisol blood levels are low, the patient experiences generalized malaise, weakness, muscle atrophy, and severe loss of fluids and electrolytes (with hypoglycemia, low blood pressure, and hyponatremia). An insufficient supply of cortisol signals the pituitary to secrete more ACTH, which increases pigmentation of scars, skin folds, and breast nipples (hyperpigmentation) (Figure 18-17).

Primary insufficiency is believed to be due to autoimmune adrenalitis. Treatment consists of daily cortisone administration and intake of salts or administration of a synthetic form of aldosterone.

ADRENAL MEDULLA

Hypersecretion

pheochromocytoma

Benign tumor of the adrenal medulla; tumor cells stain a dark or dusky (phe/o) color (chrom/o).

The tumor cells produce excess secretion of epinephrine and norepinephrine. Signs and symptoms are hypertension, tachycardia, palpitations, severe headaches, sweating, flushing of the face, and muscle spasms. Surgery to remove the tumor and administration of antihypertensive drugs are possible treatments.

PANCREAS

Hypersecretion

hyperinsulinism

Excess secretion of insulin causing hypoglycemia.

The cause may be a tumor of the pancreas (benign adenoma or carcinoma) or an overdose of insulin. Hypoglycemia occurs as insulin draws sugar out of the bloodstream. Fainting spells, convulsions, and loss of consciousness are common because a minimal level of blood sugar is necessary for proper mental functioning.

Hyposecretion

diabetes mellitus (DM)

Lack of insulin secretion or resistance of insulin in promoting sugar, starch, and fat metabolism in cells.

In diabetes mellitus (mellitus means sweet or sugary), insulin insufficiency or ineffectiveness prevents sugar from leaving the blood and entering the body cells, where it is used to produce energy. There are two types of diabetes mellitus.

Type 1 diabetes is an **autoimmune disease**. Autoantibodies against normal pancreatic islet cells are present. Onset is usually in early childhood but can occur in adulthood, and the etiology involves destruction of the beta islet cells, producing complete deficiency of insulin in the body. Patients usually are thin and require frequent injections of insulin to maintain a normal level of glucose in the blood. 🌈 Type 1 requires patients to monitor their blood glucose levels several times a day using a glucometer. To test sugar levels with this device, the user pricks a finger to draw blood. At a minimum, patients test before each meal and at bedtime, but many test up to 12 times a day. Patients must continually (every day) balance insulin levels with food and exercise (see the *In Person* account on pages 779-780). In addition to injecting insulin into the body (buttocks, thighs, abdomen and arms), it is also possible to administer insulin through a portable pump, which infuses the drug continuously through a indwelling needle under the skin (Figure 18-18).

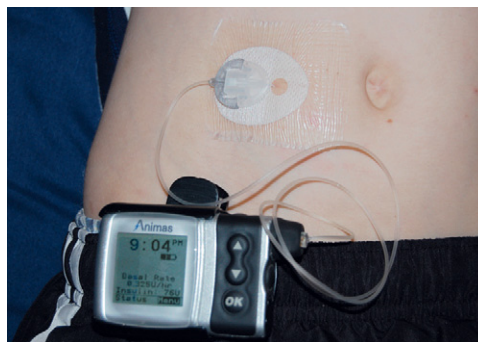


FIGURE 18-18 Insulin pump. This device can be programmed to deliver doses of insulin according to varying body needs. **Basal insulin** is delivered continuously over 24 hours and mimics the normal secretion by the pancreas. **Bolus insulin** is delivered or injected at mealtimes to “cover” a specific amount of sugar or starch ingested. (Courtesy Ruthellen Sheldon.)



Insulin

There are many different types of insulin. Insulin can be **rapid-acting** (peak at 30 to 60 minutes and last 3 to 5 hours), **short-acting** (peak at 1 ½ to 2 hours and last 6 to 8 hours), **intermediate-acting** (peak at 4 to 12 hours and last 14 to 24 hours), or **long-acting** (peak at 1 to 2 hours and last up to 24 hours). The rapid and short-acting insulins are taken before a meal to reduce the blood sugar spike that normally occurs after eating. Intermediate- and long-acting insulins mimic the natural production of insulin by the pancreas.

Type 2 diabetes is a separate disease from type 1. Patients often are older, and usually there is a family history of type 2 diabetes. Obesity is very common. The islet cells are not initially destroyed, and there is a relative deficiency of insulin secretion with a resistance by target tissues to insulin. **Insulin resistance** usually develops 5 to 10 years before type 2 diabetes is diagnosed, and is associated with an increased risk of cardiovascular disease. Often, high blood pressure, high cholesterol, and central abdominal obesity are seen in people who have insulin resistance. Treatment of type 2 diabetes is with diet, weight reduction, exercise, and, if necessary, insulin or oral hypoglycemic agents. Oral hypoglycemic agents stimulate the release of insulin from the pancreas and improve the body's sensitivity to insulin.

Table 18-3 compares the clinical features, symptoms, and treatment of type 1 and type 2 diabetes.

Both type 1 and type 2 diabetes are associated with primary and secondary complications. The **primary complication** of type 1 is **hyperglycemia**. Hyperglycemia can lead to **ketoacidosis** (fats are improperly burned, leading to an accumulation of ketones and acids in the body). Ketoacidosis can also result from illness or infection, and initial symptoms may be upset stomach and vomiting. **Hypoglycemia** occurs when too much insulin is taken by the patient. **Insulin shock** is severe hypoglycemia caused by an overdose of insulin, decreased intake of food, or excessive exercise. Signs and symptoms are sweating, hunger, confusion, trembling, nervousness, and numbness. Treatment of severe hypoglycemia is with either a shot of glucagon or intravenous glucose to restore normal blood glucose levels. Convulsions, coma, and loss of consciousness can result if treatment is not given.

TABLE 18-3 COMPARISON OF TYPE 1 AND TYPE 2 DIABETES MELLITUS		
Category	Type 1*	Type 2†
Clinical features	Usually occurs before age 30 Abrupt, rapid onset of symptoms Little or no insulin production Thin or normal body weight at onset Ketoacidosis often occurs	Usually occurs after age 30 Gradual onset; asymptomatic Insulin usually present 85% are obese Ketoacidosis seldom occurs
Symptoms	Polyuria (glycosuria promotes loss of water) Polydipsia (dehydration causes thirst) Polyphagia (tissue breakdown causes hunger)	Polyuria sometimes seen Polydipsia sometimes seen Polyphagia sometimes seen
Treatment	Insulin	Diet (weight loss); oral hypoglycemics or insulin

*Type 1 formerly was called juvenile (juvenile-onset) diabetes.

†Type 2 formerly was called adult-onset diabetes.

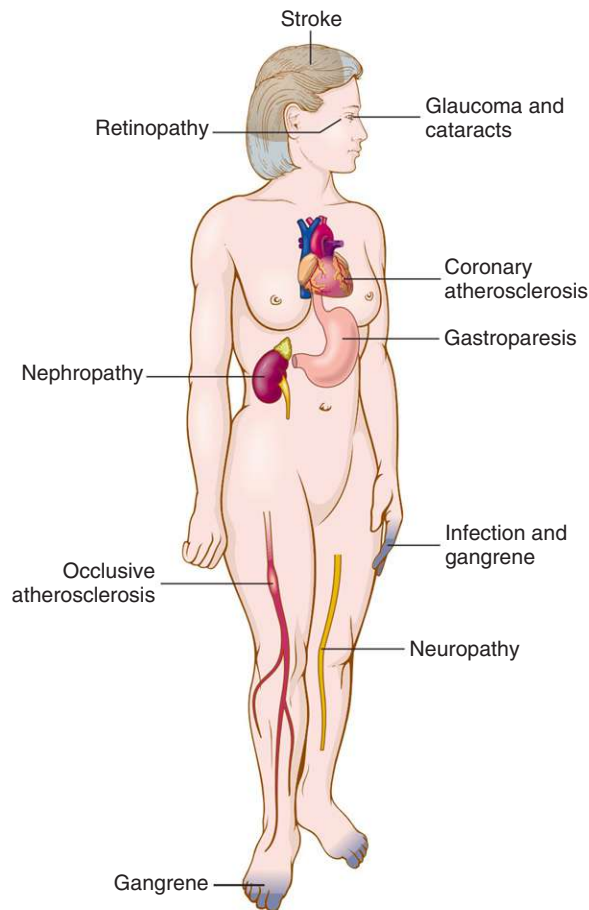


FIGURE 18-19 Secondary complications of diabetes mellitus. Many of these complications can be avoided or minimized with optimal glycemic control.

Secondary (long-term) **complications** may appear many years after the patient develops diabetes. These include destruction of retinal blood vessels (**diabetic retinopathy**), causing visual loss and blindness; destruction of the kidneys (**diabetic nephropathy**), causing renal insufficiency and often requiring hemodialysis or renal transplantation; destruction of blood vessels, with **atherosclerosis** leading to stroke, heart disease, and peripheral vascular ischemia (gangrene, infection, and loss of limbs); and destruction of nerves (**diabetic neuropathy**) involving pain or loss of sensation, most commonly in the extremities. Loss of gastric motility (**gastroparesis**) also occurs. Figure 18-19 reviews the secondary complications of diabetes mellitus.

As a result of hormonal changes during pregnancy, **gestational diabetes** can occur in women with a predisposition to diabetes during the second or third trimester of pregnancy. After delivery, blood glucose usually returns to normal. Type 2 diabetes may develop in these women later in life.

PITUITARY GLAND: ANTERIOR LOBE**Hypersecretion****acromegaly**

Hypersecretion of growth hormone from the anterior pituitary after puberty, leading to enlargement of extremities.

An excess of growth hormone (GH) is produced by adenomas of the pituitary gland that occur during adulthood. This excess GH stimulates the liver to secrete a hormone (somatomedin C, or insulin-like growth factor [IGF]) that causes the clinical manifestations of acromegaly (acr/o in this term means extremities). Bones in the hands, feet, face, and jaw grow abnormally large, producing a characteristic “Frankenstein”-type facial appearance. The pituitary adenoma can be irradiated or surgically removed. Figure 18-20 shows the features of a woman with acromegaly. Measurement of blood levels of somatomedin C as GH fluctuates is a test for acromegaly.



FIGURE 18-20 Progression of acromegaly. **A**, The patient at age 9 years; **B**, at age 16, with possible early features of acromegaly; **C**, at age 33, with well-established acromegaly; **D**, at age 52, with end-stage acromegaly.

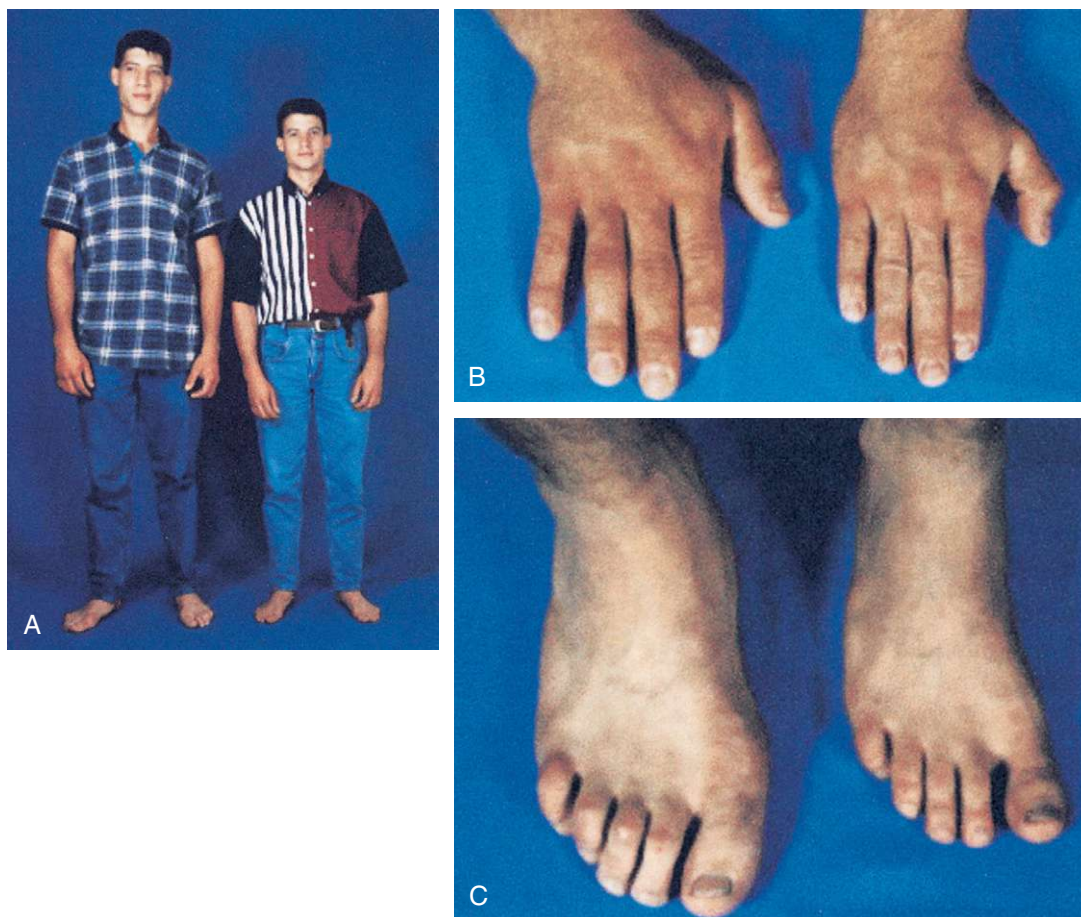


FIGURE 18-21 Gigantism. A 22-year-old man with gigantism due to excess growth hormone is shown to the left of his identical twin. The increased height (**A**) and enlarged hand (**B**) and foot (**C**) of the affected twin are apparent. Their height and features began to diverge at the age of approximately 13 years. (Courtesy Robert F. Gagel, M.D. and Ian E. McCutcheon, M.D., University of Texas, M.D. Anderson Cancer Center, Houston, Texas.)

gigantism

Hypersecretion of growth hormone from the anterior pituitary before puberty, leading to abnormal overgrowth of body tissues.

Benign adenomas of the pituitary gland that occur before a child reaches puberty produce an excess of growth hormone. See Figure 18-21. Gigantism can be corrected by early diagnosis in childhood, followed by resection of the tumor or irradiation of the pituitary.

Hyposecretion

dwarfism

Congenital hyposecretion of growth hormone; hypopituitary dwarfism.

Children who are affected are normal mentally, but their bones remain small. Treatment consists of administration of growth hormone. Achondroplastic dwarfs differ from hypopituitary dwarfs in that they have a genetic defect in cartilage formation that limits the growth of long bones.

panhypopituitarism

Deficiency of all pituitary hormones.

Tumors of the sella turcica as well as arterial aneurysms may be etiologic factors, causing a failure of the pituitary to secrete hormones that stimulate major glands in the body.

PITUITARY GLAND: POSTERIOR LOBE

Hypersecretion

syndrome of inappropriate
ADH (SIADH)

Excessive secretion of antidiuretic hormone.

Hypersecretion of ADH produces excess water retention in the body. Treatment consists of dietary water restriction. Tumor, drug reactions, and head injury are some of the possible causes.

Hyposecretion

diabetes insipidus (DI)

Insufficient secretion of antidiuretic hormone (vasopressin).

Deficiency of antidiuretic hormone causes the kidney tubules to fail to hold back (reabsorb) needed water and salts. Clinical manifestations include polyuria and polydipsia. Synthetic preparations of ADH are administered with nasal sprays or intramuscularly as treatment. **Insipidus** means tasteless, reflecting the condition of dilute urine, as opposed to **mellitus**, meaning sweet or like honey, reflecting the sugar content of urine in diabetes mellitus. The term diabetes comes from the Greek diabainein, meaning to pass through. Both diabetes insipidus and diabetes mellitus are characterized by polyuria.

Table 18-4 reviews the abnormal conditions associated with hypersecretions and hyposecretions of the endocrine glands.

TABLE 18-4 ABNORMAL CONDITIONS OF ENDOCRINE GLANDS		
Endocrine Gland	Hypersecretion	Hyposecretion
Adrenal cortex	<ul style="list-style-type: none">Adrenal virilismCushing syndrome	<ul style="list-style-type: none">Addison disease
Adrenal medulla	<ul style="list-style-type: none">Pheochromocytoma	
Pancreas	<ul style="list-style-type: none">Hyperinsulinism	<ul style="list-style-type: none">Diabetes mellitus
Parathyroid glands	<ul style="list-style-type: none">Hyperparathyroidism (hypercalcemia, osteoporosis, kidney stones)	<ul style="list-style-type: none">Hypoparathyroidism (tetany, hypocalcemia)
Pituitary—anterior lobe	<ul style="list-style-type: none">AcromegalyGigantism	<ul style="list-style-type: none">DwarfismPanhypopituitarism
Pituitary—posterior lobe	<ul style="list-style-type: none">Syndrome of inappropriate antidiuretic hormone	<ul style="list-style-type: none">Diabetes insipidus
Thyroid gland	<ul style="list-style-type: none">Exophthalmic goiter (Graves disease, thyrotoxicosis)Nodular (adenomatous) goiter	<ul style="list-style-type: none">Cretinism (children)Endemic goiterMyxedema (adults)

LABORATORY TESTS

fasting plasma glucose (FPG)

Also known as fasting blood sugar test. Measures circulating glucose level in a patient who has fasted at least 8 hours.

This test can diagnose **diabetes** and **pre-diabetes** (blood glucose is higher than normal but not high enough for diagnosis of diabetes). A normal result is 99 mg/dL or lower. Pre-diabetes levels are 100 to 125 mg/dL and diabetes is 126 mg/dL and above. A casual non-fasting plasma glucose level of 200 mg/dL plus the presence of signs and symptoms such as increased urination, increased thirst, and unexplained weight loss can also diagnose diabetes. An oral **glucose tolerance test** is used to diagnose pre-diabetes and gestational diabetes.

The **glycosylated hemoglobin (HbA_{1c}) test (A1c for short)**, by measuring the percentage of red blood cells with glucose attached, monitors long-term glucose control. A high level indicates poor glucose control in diabetic patients.

serum and urine tests

Measurement of hormones, electrolytes, glucose, and other substances in serum (blood) and urine as indicators of endocrine function.

Serum studies include growth hormone, somatomedin C (insulin-like growth factor), prolactin level, gonadotropin levels, parathyroid hormone, calcium, and cortisol. A high reading on blood glucose testing by **glucometer** in a doctor's office may be the first indication of a diabetes diagnosis (levels may be as high as 750 mg/dL, whereas normal is about 100 mg/dL).

Urine studies include dipstick testing for glucose (Clinistix, Labstix) and ketones (Acetest, Ketostix), and measurement of 17-ketosteroids (to check adrenal and gonadal function). A **urinary microalbumin assay** may detect small quantities of albumin in urine as a marker or harbinger of diabetic nephropathy.

thyroid function tests

Measurement of T3, T4, and TSH in the bloodstream.

CLINICAL PROCEDURES

exophthalmometry

Measurement of eyeball protrusion (as in Graves disease) with an exophthalmometer.

computed tomography (CT) scan

X-ray imaging of endocrine glands in cross section and other views, to assess size and infiltration by tumor.

magnetic resonance imaging (MRI)

Magnetic waves produce images of the hypothalamus and pituitary gland to locate abnormalities.

thyroid scan

Scanner detects radioactivity and visualizes the thyroid gland.

Administration of radioactivity is either intravenous (with radioactive technetium) or oral (with radioactive iodine). The latter is called **RAIU (radioactive iodine uptake scan)**. Thyroid function is assessed; nodules and tumors can be evaluated.

ultrasound examination

Sound waves show images of endocrine organs.

Thyroid ultrasound is the best method to evaluate thyroid structures and abnormalities (nodules).



ABBREVIATIONS

A1C	blood test that measures glycosylated hemoglobin (HbA _{1c}) to assess glucose control	K⁺	potassium—an important electrolyte
ACTH	adrenocorticotrophic hormone	LH	luteinizing hormone
ADH	antidiuretic hormone—vasopressin	MDI	multiple daily injection—for delivery of either basal or bolus insulin as basal/bolus. It is a diabetes management regimen.
Ca⁺⁺	calcium, an important electrolyte	Na⁺	sodium—an important electrolyte
CGMS	continuous glucose monitoring system—senses and records blood glucose levels continuously	OT, OXT	oxytocin
DI	diabetes insipidus	PRL	prolactin
DKA	diabetic ketoacidosis	PTH	parathyroid hormone (parathormone)
DM	diabetes mellitus	RAI	radioactive iodine—treatment for Graves disease
FBG	fasting blood glucose	RIA	radioimmunoassay—measures hormone levels in plasma
FBS	fasting blood sugar	RAIU	radioactive iodine uptake (imaging test or scan)
FSH	follicle-stimulating hormone	SIADH	syndrome of inappropriate antidiuretic hormone (secretion)
GH	growth hormone	SMBG	self-monitoring of blood glucose
GTT	glucose tolerance test—measures ability to respond to a glucose load; a test for diabetes	STH	somatotropin—growth hormone
HbA_{1c} (test) or HBA1C	test for the presence of glucose attached to hemoglobin (glycosylated hemoglobin test); a high level indicates poor glucose control in diabetic patients	T3	triiodothyronine
hCG or HCG	human chorionic gonadotropin	T4	thyroxine—tetraiodothyronine
		TFT	thyroid function test
		TSH	thyroid-stimulating hormone—secreted by the anterior pituitary gland



PRACTICAL APPLICATIONS

The following table lists endocrine medicines and how they are used. Answers are found on page 789.

ENDOCRINE MEDICINES (brand names are in parentheses)

Antidiabetic Medicines

- **insulin** Injected synthetic hormone, lowers blood sugar, comes in short-acting and long-acting forms; used in type 1 and type 2 diabetes
- **metformin** (Glucophage) Oral hypoglycemic medication that reduces glucose production by the liver and increases the body's sensitivity to insulin; used in type 2 diabetes
- **sulfonylureas**
glipizide (Glucotrol)
glyburide (Diabeta or Micronase) Oral hypoglycemic medications that stimulate pancreatic beta cells to produce insulin; used in type 2 diabetes

Thyroid Medicines

- **levothyroxine** (Synthroid, Levoxyl) Oral synthetic thyroid hormone (T₄); used in hypothyroidism
- **liothyronine** (Cytomel) Oral synthetic thyroid hormone (T₃); used in hypothyroidism
- **thyroid ISP** (Armour thyroid) Desiccated thyroid extract (combination of T₃ and T₄); used in hypothyroidism
- **methimazole** (Tapazole) Inhibits thyroid hormone production; used in Graves hyperthyroidism
- **prophylthiouracil** (PTU) Inhibits thyroid hormone production; used in Graves hyperthyroidism
- **beta blockers** (atenolol, propranolol) Reduces the symptoms of hyperthyroidism (palpitations, tachycardia, tremors)

Corticosteroids

- **prednisone**
 - **hydrocortisone**
- Used in the treatment of hypoadrenalism

Bisphosphonates

- **alendronate** (Fosamax)
 - **ibandronate** (Boniva)
- Used to build bone strength in osteoporosis and to treat hyperparathyroidism

Diabetes Insipidus Medicine

- **desmopressin** (DDAVP, Stimate) Intranasal or oral synthetic form of vasopressin (antidiuretic hormone); used to treat diabetes insipidus

Questions:

1. Which endocrine medicine treats hypothyroidism?
 - a. prednisone
 - b. prophylthiouracil
 - c. liothyronine
2. Which endocrine medicine treats type 2 diabetes?
 - a. desmopressin
 - b. metformin
 - c. hydrocortisone
3. Which endocrine medicine treats osteoporosis?
 - a. alendronate
 - b. beta blockers
 - c. insulin



IN PERSON

This first-person account was written by the mother of a 12-year-old boy who was diagnosed with diabetes at age 8.

On school days, I wake up Jake at 6:30 AM. He tests his blood sugar by pricking his finger until it bleeds and sticking a test strip into the drop of blood. Then he inserts the strip into a small handheld glucometer and waits 3 to 5 seconds for a reading of his blood sugar. If this is 120 mg/dL or higher, he gives himself insulin 10 to 15 minutes before breakfast. I calculate how many carbohydrates (by reading labels and measuring food quantities precisely) he will have in his breakfast so that he can bolus [give himself enough insulin to cover the food he will eat] correctly. He has an insulin pump, so he types in the amount of carbohydrates he will eat plus his current blood sugar reading. The pump calculates how much insulin he needs to cover the carbs and any extra insulin he may need to bring down a high blood sugar. After he boluses he waits 15 minutes to eat breakfast. If his blood sugar is less than 120 mg/dL he will not bolus until he starts eating, because if the insulin acts too rapidly his blood sugar can drop too low.

As I cook his breakfast, I count carbs exactly—3 eggs (he needs protein to keep his blood sugar stable throughout the morning), 15 carbs of fruit (15 grapes, $\frac{1}{2}$ banana, $\frac{1}{2}$ small apple, or 1 $\frac{1}{2}$ clementines), one 8-oz cup of low-carb juice, and 3 waffles. If his blood sugar is low, he will eat.

I then count carbs for his lunch and place an index card in his lunch bag to show the nurse before his lunchtime bolus. At school, he visits the nurse if he feels high or low, and at lunch as well... I worry about his exposure to all the sick kids at school when he visits the nurse. At school, if his blood sugar is high, he drinks water and tests his urine for ketones to make sure he does not have ketonuria, which may indicate ketoacidosis. If it is positive for ketones, he is sent home from school (fortunately, this has never happened).

At lunch, he leaves class early to test his blood sugar and does the same calculations as at breakfast. He waits for the nurse to manually compute the amount of insulin he needs to make sure that it matches the calculation of the pump. Then he boluses and goes to lunch. If his blood sugar is less than 70, he can't go to lunch with his friends. He eats or drinks some fast-acting sugar (Skittles, Smarties, or Sprite) and waits for his blood sugar to rise to an acceptable range.

We plan ahead for all field trips and food snacks that are brought into the classroom. If Jake is playing sports, he times his meals with the start of the activity so his blood sugar is around 150. He disconnects his pump during sports. Jake is an avid soccer player. At halftime he tests his blood sugar. If it is low, he needs to eat. If it is high, he needs to reconnect his pump and get more insulin. After sports, his blood sugar usually spikes because of an adrenaline [epinephrine] rush and then crashes down 3 to 10 hours later. This is unpredictable and never consistent, so it takes guesswork to keep him in range after a sports game or practice.

During the night, his dad and I set alarms to wake up every few hours to test him. If his blood sugar is high while he sleeps, we use his pump to give him a correction. If it is low, we wake him and have him drink Sprite or eat Smarties. Sometimes we check him four or five times during the night. Even if his numbers are stable, it's not a guarantee that he won't drop suddenly and have a seizure (this happened once after we had tested him at 11 PM and 2 AM and he was steady). He never complains about all the interruptions to his sleep and does a great job of falling right back to sleep when awakened.



Every 2 days he changes his insertion site for the insulin pump. He can't do this alone. The pump is connected to his body with a small cannula [tube]. It is inserted manually via a needle into his hip region. The needle is then removed and the tiny Teflon cannula remains in his body, delivering fast-acting insulin under the skin. Plastic tubing clips into the cannula and then attaches to the side of his pump. He clips his pump to his waist or places it in his pocket. When he bathes, he disconnects from his pump, and when he sleeps, he places it on the mattress next to his body.

His body naturally rejects the Teflon cannula, so after 2 days his pump site must be changed. We realize this because his blood sugar numbers start rising for no apparent reason. Typically, we will change out the pump site and notice that it is red and sometimes the cannula tip is bent. Although changing the pump site is time-consuming and expensive, a bad site means that not enough insulin is getting into his body, which can quickly spiral into stomach pains, ketonuria, and ketoacidosis (DKA).

Jake has just started to wear a continuous glucose monitoring system (CGMS). This has a small sensor that is inserted into his arm to measure blood sugar in his interstitial fluid every minute. It is new technology that will actually beep at night if his blood sugar is dropping. Jake doesn't like the system because it is painful to insert and is cumbersome to carry. Plus, it doesn't replace fingersticks for blood sugar readings. It is also difficult to calibrate his CGMS, so the readings are not 100% reliable. This is still very new technology; we are very hopeful that future generations will be more reliable!

In general, Jake's diabetes doesn't disrupt his life other than the nighttime checks, wearing an insulin pump, and paying attention to how many carbs he eats. We encourage him to make good nutritional choices (not always easy for a kid) and to limit certain foods (doughnuts, Slurpees, candy) for special occasions. He must also carry a glucometer with him at all times and a sugar to take when his blood glucose is low.

Having a child with diabetes forces me to carefully plan the preparation and timing of meals. I always have certain foods and medical supplies in the house and I carry snacks and sugar sources wherever I go. I am always available to Jake and to the school nurse. I don't always have a good night's sleep. I think I would sleep better if I were not so driven to keep his blood sugar in a healthy range. Right now, my body has adjusted to this new sleep pattern and I'm happy to wake up for him. I try to be at all his sports events to help him manage his blood sugars properly before, during, and after games. He can't go to a friend's house for a sleepover and he cannot attend overnight camp. His dad or I must always be in town. Keeping Jake's blood sugar in tight control hopefully means that he will avoid many of the complications frequently encountered later in life by people with type 1 diabetes.



Ruthellen Sheldon and her son, Jake, live in Maryland.



IN PERSON

This first-person story is about a young woman's experience with Cushing syndrome.

I've always been a bit of a skinny-mini and had no major health issues. But in 1997 I started having irregular periods. Not only were they irregular, I gained 6 to 9 pounds every month. I knew something was wrong.

This began my year-long journey with Cushing syndrome. Initially, I saw two general practitioners, had blood work done, and was told I was fine. As I gained more weight, Cushing's symptoms became more apparent. I developed striae—purplish marks on my thighs,* a big round moon face, and a hump back.† I also became extremely fatigued when performing simple tasks. At the time, however, I had no idea or clue of what was happening.

Next, I saw my gynecologist. Again more blood work and I was told I'm fine. This process continued on with three other doctors. I pressed on from feeling misunderstood, depressed, and utterly tired and found an endocrinologist. After 3 months of testing, he located the problem: a tumor on my right adrenal gland. A month later I had a right adrenalectomy. Thankfully, my left adrenal works great, and I don't have to take any hormone pills. I was also thrilled that the 72 pounds I gained over the year melted away in a few months.

I'll never forget this experience. Having an unknown medical condition is very stressful. But, in some ways, I was even more stressed and depressed because my doctors seemed to dismiss my symptoms. I didn't own a computer at the time and I remember calling up a friend and asking her to do some research for me. I really felt I had to educate myself. I still don't know what caused the adrenal gland tumor or how I could have prevented it. But, I am better and my Cushing's journey taught me to be a better advocate for myself.

Tanzie Johnson is a professional photographer living in New York City.



*The weight gain in Cushing's syndrome stretches the skin, which is thin and weakened, causing it to hemorrhage.

†Fat pads accumulate along the collarbone and on the back of the neck (buffalo hump).



EXERCISES

Remember to check your answers carefully with the Answers to Exercises, page 788.

A Match the endocrine gland with its location.

adrenal cortex	pancreas	testis
adrenal medulla	parathyroid	thyroid
ovary	pituitary (hypophysis)	

1. behind the stomach _____
2. posterior side of the thyroid gland _____
3. inner section of glands above each kidney _____
4. in the scrotal sac _____
5. on either side of the trachea _____
6. outer section of gland above each kidney _____
7. lower abdomen of a female _____
8. below the brain in the sella turcica _____

B Name the endocrine organs (including the appropriate lobe or region) that produce the following hormones.

1. follicle-stimulating hormone _____
2. vasopressin _____
3. aldosterone _____
4. insulin _____
5. thyroxine _____
6. cortisol _____
7. gonadotropic hormones _____
8. epinephrine _____
9. oxytocin _____
10. prolactin _____
11. growth hormone _____
12. glucagon _____
13. adrenocorticotrophic hormone _____
14. estradiol _____
15. progesterone _____
16. testosterone _____
17. thyroid-stimulating hormone _____

C Give the meanings of the following abbreviations for hormones.

1. ADH _____
2. ACTH _____
3. LH _____
4. FSH _____
5. TSH _____
6. PTH _____
7. GH _____
8. PRL _____
9. T4 _____
10. T3 _____
11. OT _____
12. STH _____

D Match the following hormones with their actions.

ACTH	epinephrine	parathyroid hormone
ADH	estradiol	testosterone
aldosterone	insulin	thyroxine
cortisol		

1. sympathomimetic; raises heart rate and blood pressure _____
2. promotes growth and maintenance of male sex characteristics _____
3. stimulates water reabsorption by kidney tubules; decreases urine output _____
4. increases metabolism in body cells _____
5. raises blood calcium _____
6. increases reabsorption of sodium by kidney tubules _____
7. stimulates secretion of hormones from the adrenal cortex _____
8. increases blood sugar _____
9. helps transport glucose to cells; decreases blood sugar _____
10. develops and maintains female sex characteristics _____

- E** Indicate whether the following conditions are related to hypersecretion or hyposecretion. Also, select from the following the endocrine glands and hormones involved in each disease.

<i>Glands</i>		<i>Hormones</i>	
adenohypophysis	pancreas	ADH	GH
adrenal cortex	parathyroid gland	aldosterone	insulin
adrenal medulla	testes	cortisol	parathyroid hormone
neurohypophysis	thyroid	epinephrine	thyroxine
ovaries			

<i>Condition</i>	<i>Hypo or Hyper</i>	<i>Gland and Hormone</i>
1. Cushing syndrome	_____	_____
2. tetany	_____	_____
3. Graves disease	_____	_____
4. diabetes insipidus	_____	_____
5. acromegaly	_____	_____
6. myxedema	_____	_____
7. diabetes mellitus	_____	_____
8. Addison disease	_____	_____
9. gigantism	_____	_____
10. endemic goiter	_____	_____
11. cretinism	_____	_____
12. pheochromocytoma	_____	_____

- F** Build medical terms based on the definitions and word parts given.

- abnormal condition (poison) of the thyroid gland: thyro_____
- removal of the pancreas: _____ectomy
- condition of deficiency or underdevelopment of the sex organs: hypo_____
- pertaining to producing female (characteristics): _____genic
- removal of the pituitary gland: _____ectomy
- deficiency of calcium in the blood: hypo_____
- excessive sugar in the blood: _____emia
- inflammation of the thyroid gland: _____itis
- specialist in the study of hormone disorders: _____ist

G Give the meanings of the following conditions.

1. hyponatremia _____
2. polydipsia _____
3. hyperkalemia _____
4. hypercalcemia _____
5. hypoglycemia _____
6. glycosuria _____
7. euthyroid _____
8. hyperthyroidism _____
9. tetany _____
10. ketoacidosis _____

H The following hormones are all produced by the anterior lobe of the pituitary gland (note that they all have the same suffix, -trophin). Name the target tissue they act on or stimulate in the body.

1. gonadotropins _____
2. somatotrophin _____
3. thyrotrophin _____
4. adrenocorticotrophin _____

I Give the meanings of the following medical terms.

1. steroids _____
2. catecholamines _____
3. adenohypophysis _____
4. tetany _____
5. exophthalmos _____
6. mineralocorticoids _____
7. homeostasis _____
8. sympathomimetic _____
9. glucocorticoids _____
10. epinephrine _____

11. glycogen _____
12. androgen _____
13. corticosteroid _____
14. oxytocin _____
15. tetraiodothyronine _____
16. adrenal virilism _____
17. thyroid carcinoma _____
18. hirsutism _____
19. acromegaly _____
20. estradiol _____

J Give the meanings of the following terms related to diabetes mellitus.

1. type 1 _____
2. diabetic neuropathy _____
3. ketoacidosis _____
4. hypoglycemia _____
5. type 2 _____
6. diabetic retinopathy _____
7. diabetic coma _____
8. diabetic nephropathy _____
9. atherosclerosis _____
10. hyperglycemia _____
11. gastroparesis _____
12. insulin shock _____

K Explain the following laboratory tests or clinical procedures related to the endocrine system.

1. thyroid scan _____
2. fasting plasma glucose _____
3. exophthalmometry _____
4. thyroid function test _____

L Circle the term that best completes the meaning of the sentence.

1. Phyllis was diagnosed with Graves disease when her husband noticed her (**panhypopituitarism, hirsutism, exophthalmos**). Her eyes seemed to be bulging out of their sockets.
2. Helen had a primary brain tumor called a (**pituitary, thyroid, adrenal**) adenoma. Her entire endocrine system was disrupted, and her physician recommended surgery and radiation therapy to help relieve her symptoms.
3. Bessie's facial features gradually became "rough" in her late thirties and forties. By the time she was 50, her children noticed her very large hands and recommended that she see an endocrinologist, who diagnosed her chronically progressive condition as (**hyperinsulism, gigantism, acromegaly**).
4. Bobby was brought into the emergency department because he was found passed out in the kitchen. He had forgotten his insulin and had developed (**Cushing disease, hyperparathyroidism, diabetic ketoacidosis**).
5. Because her 1-hour test of blood sugar was slightly abnormal, Selma's obstetrician ordered a (**glucose tolerance test, thyroid function test, Pap smear**) to rule out gestational (**hyperthyroidism, chlamydial infection, diabetes**).
6. Bill noticed that he was passing his urine more frequently, a condition known as (**polyphagia, polyuria, hyperglycemia**), and was experiencing increased thirst, manifested as (**polydipsia, hypernatremia, polyphagia**). His wife urged him to see a physician, who performed a (**serum calcium test, urinalysis, serum sodium test**) that revealed inappropriately dilute (**blood, sweat, urine**). Measurement of the hormone (**PTH, ADH, STH**) in his blood showed low levels. His diagnosis was (**DI, DM, SIADH**). Treatment with (**oxytocin, cortisol, vasopressin**) was prescribed via nasal spray, and his condition improved.
7. Mary noticed that she had gained weight recently and that her face had a moon-like fullness with new heavy hair growth. Blood and urine tests showed excessive secretion of adrenal (**mineralocorticoids, catecholamines, glucocorticoids**). Her diagnostic work-up included a/an (**CT scan of the abdomen, MRI study of the head, chest x-ray**), which revealed enlargement of both (**kidneys, adrenal glands, lobes of the brain**). Her doctor made the diagnosis of (**Graves disease, Cushing syndrome, Addison disease**).
8. Jack had several fractures of ribs and vertebrae in a skiing accident. X-ray images of his bones revealed a generalized decrease in bone density, a condition known as (**osteoporosis, tetany, acromegaly**). A blood test showed high serum (**sodium, calcium, growth hormone**) and high levels of (**mineralocorticoids, somatotropin, parathyroid hormone**). An ultrasound scan of the neck revealed a (**thymus, parathyroid, thyroid**) adenoma, which was removed surgically, and he recovered fully. His bone disease and other abnormalities were all related to (**hypoparathyroidism, hyperparathyroidism, hypothyroidism**).

ANSWERS TO EXERCISES

A

- | | | |
|--------------------|-------------------|---------------------------|
| 1. pancreas | 4. testis | 7. ovary |
| 2. parathyroid | 5. thyroid gland | 8. pituitary (hypophysis) |
| 3. adrenal medulla | 6. adrenal cortex | |

B

- | | | |
|--|--|---------------------------------------|
| 1. anterior pituitary gland (adenohypophysis) | 6. adrenal cortex | 12. alpha islet cells of the pancreas |
| 2. posterior pituitary gland (neurohypophysis) | 7. anterior pituitary gland; these hormones are FSH and LH | 13. anterior pituitary gland |
| 3. adrenal cortex | 8. adrenal medulla | 14. ovaries |
| 4. beta islet cells of the pancreas | 9. posterior pituitary gland | 15. ovaries |
| 5. thyroid gland | 10. anterior pituitary gland | 16. testes |
| | 11. anterior pituitary gland | 17. anterior pituitary gland |

C

- | | | |
|---------------------------------|--------------------------------|-----------------------------------|
| 1. antidiuretic hormone | 5. thyroid-stimulating hormone | 9. thyroxine; tetraiodothyronine |
| 2. adrenocorticotrophic hormone | 6. parathyroid hormone | 10. triiodothyronine |
| 3. luteinizing hormone | 7. growth hormone | 11. oxytocin |
| 4. follicle-stimulating hormone | 8. prolactin | 12. somatotropin (growth hormone) |

D

- | | | |
|-----------------|------------------------|---------------|
| 1. epinephrine | 5. parathyroid hormone | 8. cortisol |
| 2. testosterone | 6. aldosterone | 9. insulin |
| 3. ADH | 7. ACTH | 10. estradiol |
| 4. thyroxine | | |

E

- | | | |
|--|--|--|
| 1. hypersecretion; adrenal cortex; cortisol | 5. hypersecretion; adenohypophysis; GH | 9. hypersecretion; adenohypophysis; GH |
| 2. hyposecretion; parathyroid gland; parathyroid hormone | 6. hyposecretion; thyroid gland; thyroxine | 10. hyposecretion; thyroid gland; thyroxine |
| 3. hypersecretion; thyroid gland; thyroxine | 7. hyposecretion; pancreas; insulin | 11. hyposecretion; thyroid gland; thyroxine |
| 4. hyposecretion; neurohypophysis; ADH | 8. hyposecretion; adrenal cortex; aldosterone and cortisol | 12. hypersecretion; adrenal medulla; epinephrine |

F

- | | | |
|-------------------|-------------------|--------------------|
| 1. thyrotoxicosis | 4. estrogenic | 7. hyperglycemia |
| 2. pancreatectomy | 5. hypophysectomy | 8. thyroiditis |
| 3. hypogonadism | 6. hypocalcemia | 9. endocrinologist |

G

- | | | |
|-------------------------------------|--|--|
| 1. deficient sodium in the blood | 6. condition of sugar in the urine | 9. constant muscle contraction (result of hypoparathyroidism) |
| 2. condition of excessive thirst | 7. normal thyroid function | 10. condition of excessive ketones (acids) in the blood as a result of diabetes mellitus |
| 3. excessive potassium in the blood | 8. condition of increased secretion from the thyroid gland | |
| 4. excessive calcium in the blood | | |
| 5. deficient sugar in the blood | | |

H

- | | | |
|--|---|--|
| 1. the male and female sex organs (ovaries and testes); examples of gonadotropins are FSH and LH | 3. thyroid gland; another name for thyrotropin is thyroid-stimulating hormone (TSH) | 4. adrenal cortex; another name for adrenocorticotropin is adrenocorticotrophic hormone (ACTH) |
| 2. bones; another name for somatotropin is growth hormone | | |

I

1. complex substances derived from cholesterol; hormones from the adrenal cortex and sex hormones are steroids
2. complex substances derived from an amino acid; epinephrine (adrenaline) and norepinephrine (noradrenaline) are examples
3. anterior lobe of the pituitary gland
4. continuous contractions of muscles associated with low levels of parathyroid hormone
5. eyeballs that bulge outward; associated with hyperthyroidism
6. steroid hormones from the adrenal cortex (outer region of the adrenal gland) that influence salt (minerals such as sodium and potassium) metabolism
7. tendency of an organism to maintain a constant internal environment
8. a substance that mimics the action of the sympathetic nerves; epinephrine (adrenaline) is an example
9. steroid hormones from the adrenal cortex that influence sugar metabolism in the body
10. catecholamine hormone from the adrenal medulla; adrenaline
11. animal starch; storage form of glucose
12. male hormone; testosterone is an example
13. hormone secreted by the adrenal cortex; cortisol is an example
14. hormone from the posterior lobe of the pituitary that stimulates contraction of the uterus during labor
15. major hormone from the thyroid gland; thyroxine (contains four iodine atoms)
16. abnormal secretion of androgens from the adrenal cortex produces masculine characteristics in a female
17. cancerous tumor of the thyroid gland
18. excessive hair on the body (result of excessive secretion of androgens)
19. enlargement of extremities (excessive secretion of growth hormone after puberty)
20. female hormone; an estrogen

J

1. destruction of the beta cells (islets of Langerhans); insulin is not produced
2. destruction of nerves as a secondary complication of diabetes mellitus
3. abnormal condition of high levels of ketones (acids) in the blood as a result of improper burning of fats; fats are burned because the cells do not have sugar available as a result of lack of insulin or inability of insulin to act
4. too little sugar in the blood; this can occur if too much insulin is taken by a diabetic patient
5. insulin deficiency and resistance by target tissue to the action of insulin
6. destruction of blood vessels in the retina as a secondary complication of diabetes mellitus
7. unconsciousness caused by high levels of sugar in the blood; water leaves cells to balance the large amounts of sugar in the blood, leading to cellular dehydration
8. destruction of the kidneys as a secondary complication of diabetes mellitus
9. collection of fatty plaque in arteries
10. high level of sugar in the blood; insulin is unavailable or unable to transport sugar from the blood into cells
11. decreased gastric motility (-paresis means slight paralysis); secondary complication of diabetes
12. hypoglycemic shock caused by an overdose of insulin, decreased intake of food, or excessive exercise

K

1. Radioactive compound is given, and the thyroid gland is imaged using a scanning device.
2. Measurement of blood sugar levels in a fasting patient (at least 4 hours) and after intervals of 30 minutes and 1, 2, and 3 hours after ingestion of glucose.
3. Measurement of eyeball protrusion (symptom of Graves disease)
4. Measurement of T3, T4, and TSH in the bloodstream

L

1. exophthalmos
2. pituitary
3. acromegaly
4. diabetic ketoacidosis
5. glucose tolerance test; diabetes
6. polyuria; polydipsia; urinalysis; urine; ADH; DI; vasopressin
7. glucocorticoids; CT scan of the abdomen; adrenal glands; Cushing syndrome
8. osteoporosis; calcium; parathyroid hormone; parathyroid; hyperparathyroidism

Answers to Practical Applications

Endocrine Medicines

1. c
2. b
3. a



PRONUNCIATION OF TERMS

To test your understanding of the terminology in this chapter, write the meaning of each term in the space provided. In addition, you may wish to cover the terms and write them by looking at your definitions. Make sure your spelling is correct. The page number after each term indicates where it is defined or used in the book, so you can easily check your responses. You will find complete definitions for all of these terms and their audio pronunciations on the Evolve website.

Pronunciation Guide

ā as in āpe	ă as in ăpple
ē as in ēven	ě as in ěvery
ī as in īce	ĩ as in ĩnterest
ō as in ōpen	ő as in pőt
ū as in ūnit	ű as in ūnder

Vocabulary and Terminology

TERM	PRONUNCIATION	MEANING
adenectomy (762)	ăd-ě-NĚK-tō-mē	
adenohypophysis (759)	ăd-ě-nō-hī-PŎF-ĩ-sīs	
adrenal cortex (759)	ă-DRĚ-năl KŎR-těks	
adrenalectomy (762)	ă-drē-năl-ĚK-tō-mē	
adrenaline (759)	ă-DRĚN-ă-līn	
adrenal medulla (759)	ă-DRĚ-năl mĕ-DŪ-lă	
adrenocorticotrophic hormone (759)	ă-drē-nō-kŏr-tī-kŏ-TRŎP-ĭk HŎR-mŏn	
adrenocorticotropin (765)	ă-drē-nō-kŏr-tī-kŏ-TRŎ-pīn	
aldosterone (760)	ăl-DŎS-tĕ-rŏn	
androgen (760)	ĂN-drŏ-jĕn	
antidiuretic hormone (760)	ăn-tĩ-dĩ-ű-RĚT-ĭk HŎR-mŏn	
calcitonin (760)	kăl-sĩ-TŎ-nīn	
catecholamines (761)	kăt-ě-KŎL-ă-mĕnz	
corticosteroids (761)	kŏr-tī-kŏ-STĚ-roydz	
cortisol (760)	KŎR-tĩ-sŏl	
electrolyte (761)	ě-LĚK-trŏ-lit	
endocrinologist (763)	ĕn-dŏ-křĩ-NŎL-ŏ-jĩst	
epinephrine (760)	ĕp-ĩ-NĚF-rīn	
estradiol (760)	ĕs-tră-DĪ-ŏl	
estrogen (760)	ĚS-trŏ-jĕn	
estrogenic (763)	ĕs-trŏ-JĚN-ĭk	
euthyroid (765)	ű-THĪ-royd	

TERM	PRONUNCIATION	MEANING
follicle-stimulating hormone (760)	FÖL-ĩ-kl STĪM-ũ-lā-tĩng HÖR-mōn	_____
glucagon (760)	GLOO-kā-gŏn	_____
glucocorticoid (761)	gloo-kō-KÖR-tĩ-koyd	_____
glycemic (763)	glĩ-SĒ-mĩk	_____
glycogen (763)	GLĪ-kō-jĕn	_____
glycosuria (765)	glĩ-kōs-Ū-rē-ă	_____
gonadotropin (762)	gō-nād-ō-TRŌ-pĩn	_____
growth hormone (760)	grōth HÖR-mōn	_____
homeostasis (761)	hō-mē-ō-STĀ-sĩs	_____
hormonal (763)	hōr-MŌ-nāl	_____
hormone (761)	HÖR-mōn	_____
hypercalcemia (762)	hĩ-pĕr-kāl-SĒ-mē-ă	_____
hypercalciuria (762)	hĩ-pĕr-kāl-sē-ŪR-ē-ă	_____
hyperglycemia (763)	hĩ-pĕr-glĩ-SĒ-mē-ă	_____
hyperkalemia (763)	hĩ-pĕr-kā-LĒ-mē-ă	_____
hypocalcemia (762)	hĩ-pō-kāl-SĒ-mē-ă	_____
hypoglycemia (765)	hĩ-pō-glĩ-SĒ-mē-ă	_____
hypogonadism (762)	hĩ-pō-GŌ-nād-ĩzm	_____
hypoinsulinism (765)	hĩ-pō-ĪN-sũ-lĩn-ĩzm	_____
hypokalemia (763)	hĩ-pō-kā-LĒ-mē-ă	_____
hyponatremia (763)	hĩ-pō-nā-TRĒ-mē-ă	_____
hypophysectomy (764)	hĩ-pō-fĩ-ZĚK-tō-mē	_____
hypophysis (759)	hĩ-PÖF-ĩ-sĩs	_____
hypopituitarism (762)	hĩ-pō-pĩ-TOO-ĩ-tă-rĩzm	_____
hypothalamus (761)	hĩ-pō-THĀL-ă-mũs	_____
insulin (760)	ĪN-sũ-lĩn	_____
luteinizing hormone (760)	LOO-tē-ĩn-ĩz-ĩng HÖR-mōn	_____
mineralocorticoid (761)	mĩn-ĕr-āl-ō-KÖR-tĩ-koyd	_____
neurohypophysis (759)	noo-rō-hĩ-PÖF-ĩ-sĩs	_____
norepinephrine (760)	nōr-ĕp-ĩ-NĚF-rĩn	_____

TERM	PRONUNCIATION	MEANING
ovaries (759)	ō-vă-rēz	
oxytocin (760)	ők-sě-TŌ-sîn	
pancreas (759)	PĂN-krē-ăs	
pancreatectomy (762)	păn-krē-ă-TĚK-tō-mē	
parathormone (760)	păr-ă-THŎR-môn	
parathyroidectomy (762)	păr-ă-thī-roy-DĚK-tō-mē	
parathyroid glands (759)	păr-ă-THĪ-royd glănz	
pineal gland (748)	pī-NĒ-ăl glănd	
pituitary gland (759)	pī-TOO-ī-těr-ē glănd	
polydipsia (763)	pöl-ē-DĪP-sē-ă	
polyuria (765)	pöl-ē-Ū-rē-ă	
progesterone (760)	prō-JĚS-tě-rôn	
prolactin (760)	prō-LĂK-tîn	
receptor (761)	rē-SĚP-tôr	
sella turcica (761)	SĚL-ă TŪR-si-kă	
sex hormones (761)	sěx HŎR-monz	
somatotropin (760)	sō-mă-tō-TRŌ-pîn	
steroid (761)	STĚR-oyd	
sympathomimetic (761)	sīm-pă-thō-mī-MĚT-ik	
target tissue (761)	TĂR-gět TĪS-ū	
testes (759)	TĚS-těz	
testosterone (760)	tēs-TŎS-tě-rôn	
tetraiodothyronine (765)	tě-tră-ī-ō-dō-THĪ-rō-nēn	
thyroid gland (759)	THĪ-royd glănd	
thyroiditis (762)	thī-royd-Ī-tīs	
thyrotropin (760)	thī-rō-TRŌ-pîn	
thyroxine (761)	thī-RŎK-sîn	
triiodothyronine (761)	trī-ī-ō-dō-THĪ-rō-nēn	
vasopressin (761)	văz-ō-PRES-în	

Pathology, Laboratory Tests, and Clinical Procedures

TERM	PRONUNCIATION	MEANING
acromegaly (773)	āk-rō-MĚG-ă-lē	_____
Addison disease (769)	ĂD-ĩ-sõn dĩ-ZĚZ	_____
adrenal virilism (768)	ă-DRĚ-năl VĚR-ĩ-lĩzm	_____
cretinism (767)	KRĚ-tĩn-ĩzm	_____
Cushing syndrome (768)	KŮSH-ĩng SĚN-drõm	_____
diabetes insipidus (775)	dĩ-ă-BĚ-tēz ĩn-SĚP-ĩ-dũs	_____
diabetes mellitus (770)	dĩ-ă-BĚ-tēz MĚL-ĩ-tũs	_____
dwarfism (774)	DWĂRF-ĩzm	_____
endemic goiter (766)	ẽn-DĚM-ĩk GOY-těr	_____
exophthalmometry (776)	ěk-sõf-thăl-MÕM-ě-trē	_____
exophthalmos (766)	ěk-sõf-THĂL-mõs	_____
fasting plasma glucose (776)	FĂS-tĩng PLĂS-măh GLŮ-kõs	_____
gastroparesis (772)	găs-trõ-păr-Ě-sĩs	_____
gigantism (774)	JĚ-găn-tĩzm	_____
glucose tolerance test (776)	GLOO-kõs TÕL-ěr-ăns tēst	_____
goiter (766)	GOY-těr	_____
Graves disease (766)	GRĂVZ dĩ-ZĚZ	_____
hirsutism (768)	HĚR-soot-ĩzm	_____
hyperinsulinism (770)	hĩ-pěr-ĚN-sũ-lĩn-ĩzm	_____
hyperparathyroidism (767)	hĩ-pěr-pă-ră-THĚ-royd-ĩzm	_____
hyperthyroidism (766)	hĩ-pěr-THĚ-royd-ĩsm	_____
hypoparathyroidism (768)	hĩ-põ-pă-ră-THĚ-royd-ĩzm	_____
hypothyroidism (767)	hĩ-põ-THĚ-royd-ĩzm	_____
ketoacidosis (771)	kē-tõ-ă-sĩ-DÕ-sĩs	_____
myxedema (767)	mĩk-sě-DĚ-mă	_____
nodular goiter (766)	NÕD-ũ-lăr GOY-těr	_____
panhypopituitarism (774)	păn-hĩ-põ-pĩ-TOO-ĩ-tăr-ĩzm	_____
pheochromocytoma (769)	fē-õ-krõ-mõ-sĩ-TÕ-mă	_____

TERM	PRONUNCIATION	MEANING
syndrome of inappropriate ADH (775)	SĪN-drōm ōf ĩn-ă-PRŌ-prē-ĭt ADH	_____
tetany (768)	TĔT-ă-nē	_____
thyroid carcinoma (767)	THĪ-royd kă-r-sĭ-NŌ-mă	_____
thyroid function tests (776)	THĪ-royd FŮNK-shŭn tĕsts	_____
thyroid scan (776)	THĪ-royd skăn	_____
thyrotoxicosis (766)	thĭ-rō-tōk-sĭ-KŌ-sĭs	_____



REVIEW SHEET

Write the meanings of the word parts in the spaces provided and test yourself. Check your answers with the information in the chapter or in the Glossary (Medical Word Parts—English) at the end of the book.

Combining Forms

COMBINING FORM	MEANING	COMBINING FORM	MEANING
aden/o	_____	lact/o	_____
adrenal/o	_____	myx/o	_____
andr/o	_____	natr/o	_____
calc/o, calci/o	_____	pancreat/o	_____
cortic/o	_____	parathyroid/o	_____
crin/o	_____	phys/o	_____
dips/o	_____	pituitar/o	_____
estr/o	_____	somat/o	_____
gluc/o	_____	ster/o	_____
glyc/o	_____	thyr/o	_____
gonad/o	_____	thyroid/o	_____
home/o	_____	toc/o	_____
hormon/o	_____	toxic/o	_____
insulin/o	_____	ur/o	_____
kal/i	_____		

Suffixes

SUFFIX	MEANING	SUFFIX	MEANING
-agon	_____	-osis	_____
-ectomy	_____	-physis	_____
-emia	_____	-stasis	_____
-genic	_____	-tocin	_____
-in, -ine	_____	-tropin	_____
-megaly	_____	-uria	_____
-oid	_____		

Prefixes

PREFIX	MEANING	PREFIX	MEANING
eu-	_____	pan-	_____
hyper-	_____	poly-	_____
hypo-	_____	tetra-	_____
oxy-	_____	tri-	_____

Complete the following table and check your answers with Table 18-4 on p. 775.

Endocrine Gland	Hypersecretion	Hyposecretion
Adrenal cortex	_____ _____	_____
Adrenal medulla	_____	
Pancreas	_____	_____
Parathyroid glands	_____	_____
Pituitary—anterior lobe	_____ _____	_____ _____
Pituitary—posterior lobe	_____	_____
Thyroid gland	_____ _____	_____ _____ _____

CHAPTER 19

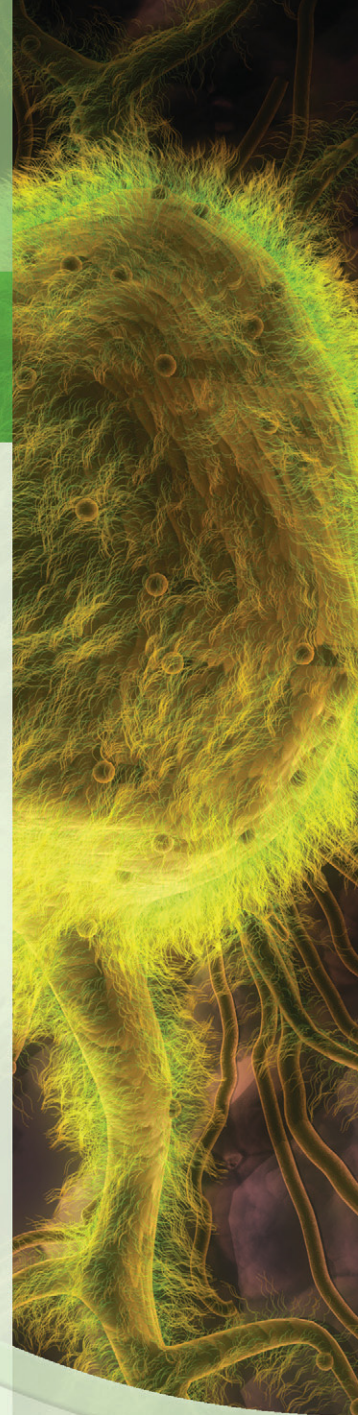
Cancer Medicine (Oncology)

This chapter is divided
into the following sections:

Introduction, 798
Carcinogenesis, 800
Classification of Cancerous Tumors, 803
Pathologic Descriptions, 806
Grading and Staging Systems, 808
Cancer Treatment, 810
Vocabulary, 818
Terminology, 821
Laboratory Tests, 824
Clinical Procedures, 824
Abbreviations, 827
In Person: Radiotherapy, 828
Practical Applications, 830
Exercises, 833
Answers to Exercises, 839
Pronunciation of Terms, 841
Review Sheet, 846

CHAPTER GOALS

- Identify medical terms that describe the growth and spread of tumors.
- Recognize terms related to the causes, diagnosis, and treatment of cancer.
- Review how tumors are classified and described by pathologists.
- Describe x-ray studies, laboratory tests, and other procedures used by physicians for determining the presence and extent of spread (staging) of tumors.
- Apply your new knowledge to understanding medical terms in their proper contexts, such as medical reports and records.



INTRODUCTION

Cancer is a disease caused by abnormal and excessive growth of cells in the body. It may occur in any tissue and at any time of life, although cancer occurs most frequently in older people. Cancer cells accumulate as growths called **malignant tumors** that compress, invade, and ultimately destroy the surrounding normal tissue. In addition to their local growth, cancerous cells spread throughout the body by way of the bloodstream or lymphatic vessels. In some patients the spread of cancers from their site of origin to distant organs occurs early in the course of tumor growth and ultimately results in death.

Although more than half of all patients who develop cancer are cured of their disease, about 550,000 people die of cancer each year. Lung cancers, followed by breast and colorectal cancers, are the most common causes of cancer death for women, whereas lung, colorectal, and prostate cancers are the leading causes of death due to cancer in men. This chapter explores the terminology related to this common and often fatal group of diseases.

CHARACTERISTICS OF TUMORS

Tumors (neoplasms) are new growths that arise from normal tissue. They may be either **malignant** (capable of invasion and spread to surrounding or more distant sites) or **benign** (noninvasive and not spreading to other sites). There are several differences between benign and malignant tumors. Some of these differences are:

1. Benign tumors **grow slowly**, and malignant tumor cells **multiply rapidly**.
2. Benign tumors are often **encapsulated** (contained within a fibrous capsule or cover), so that the tumor cells do not invade the surrounding tissue. Malignant tumors characteristically are **invasive** and **infiltrative**, extending into neighboring normal tissue.
3. Benign tumors are composed of organized and specialized (**differentiated**) cells that closely resemble the normal, mature tissue from which they are derived. For example,

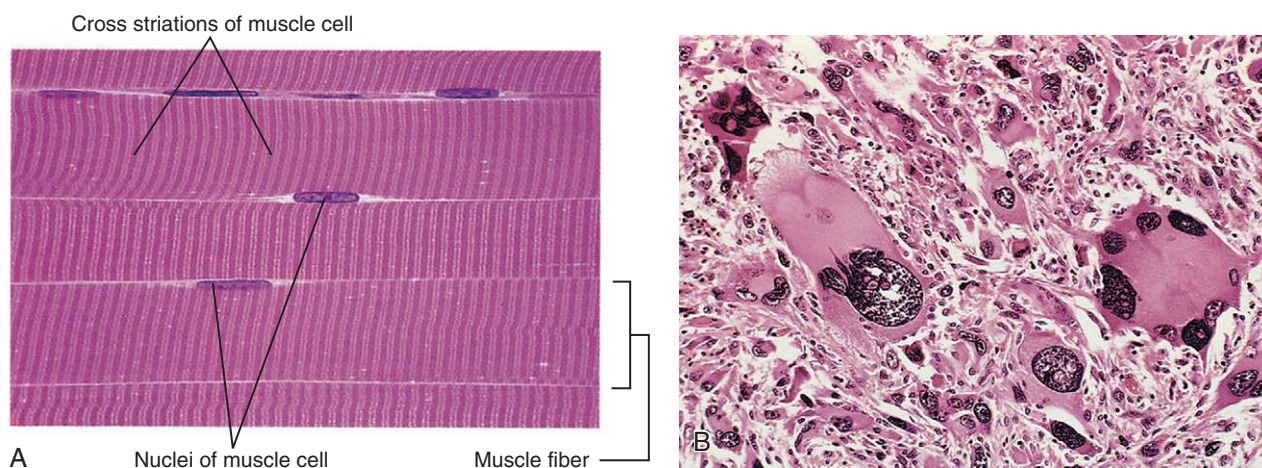


FIGURE 19-1 A, Photomicrograph of normal skeletal muscle cells (fibers). Note the orderly arrangement and the long, narrow, threadlike shape of the cells. There are many nuclei per cell and many cross striations. B, Anaplastic tumor cells of the skeletal muscle (rhabdomyosarcoma). Note the variation in size and shape of the nuclei (pleomorphism; pleo = many, morph/o = shape), hyperchromatic (intensely staining) nuclei, and large tumor cells (which may possess more than one nucleus). (B, courtesy Trace Worrell, MD, Department of Pathology, University of Texas Southwestern Medical School, Dallas.)



FIGURE 19-2 A liver studded with metastatic cancer.

benign tumors derived from epithelial cells that line the wall of the gastrointestinal tract look very much like their normal counterparts. Malignant tumors are composed of cancerous cells that resemble primitive cells and lack the capacity to perform mature cell functions. This characteristic of malignant tumors is called **anaplasia**. Anaplasia (ana- means backward and -plasia means growth) indicates that the cancerous cells are **dedifferentiated**, or **undifferentiated** (reverting to a less specialized state), in contrast with the normal, differentiated tissue of their origin. Anaplastic cells lack an orderly arrangement. Thus, tumor cells vary in size and shape and are piled one on top of the other in a disorganized fashion. The nuclei in these cells are large and **hyperchromatic** (stain excessively with dyes that recognize genetic material, DNA). Figure 19-1A and B shows normal skeletal muscle and anaplastic malignant muscle tumor cells.

4. Cells from benign tumors do not spread or **metastasize** to form secondary tumor masses in distant places in the body. Cells from malignant tumors, however, can detach themselves from the primary tumor site, penetrate a blood vessel or lymphatic vessel, travel through the bloodstream or lymphatic system, and establish a new tumor site at a distant tissue, such as the lung, liver, or bone marrow. The secondary growth is called a **metastasis**. Figure 19-2 shows metastatic tumors within the liver.

Figure 19-3 reviews the differences between benign and malignant tumors.

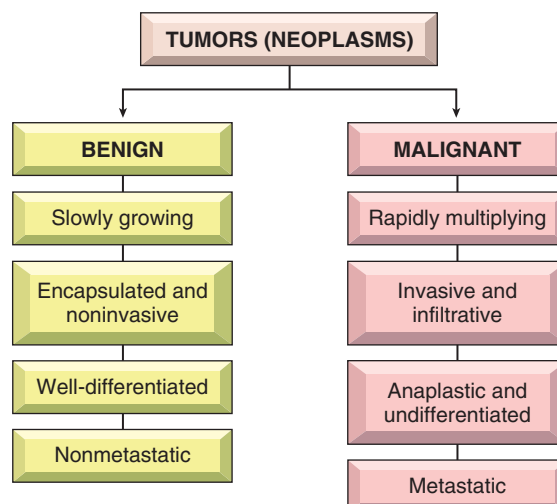


FIGURE 19-3 Differences between benign and malignant tumors.

CARCINOGENESIS

WHAT CAUSES CANCER?

The causes of transformation from a normal cell to a cancerous one (**carcinogenesis**) are only partly understood. What is clear is that malignant transformation results from damage to the genetic material, or **DNA (deoxyribonucleic acid)**, of the cell. Strands of DNA in the cell nucleus form **chromosomes**, which become readily visible under a microscope when a cell is preparing to divide into two (daughter) cells. In order to understand what causes cancer, it is necessary to learn more about DNA and its functions in a normal cell.

DNA has two main functions in a normal cell. First, DNA controls the production of new cells (cell division). When a cell divides, the DNA material in each chromosome copies itself so that exactly the same DNA is passed to the two new daughter cells that are formed. This process of cell division is called **mitosis** (Figure 19-4A).

Second, DNA contains the master code for all proteins produced in the cell. Between cycles of mitosis, DNA controls the production of new proteins (**protein synthesis**) in the cell. DNA contains about 20,000 to 30,000 separate and distinct **genes** that direct the production of all proteins, which in turn control all aspects of cell function. Genes are composed of an arrangement of units called **nucleotides** (containing a sugar, phosphate, and a base, such as adenine, guanine, thymine, or cytosine). DNA (as a string of coded nucleotides) sends a molecular message outside the nucleus to the cytoplasm of the cell, directing the synthesis of specific proteins (such as hormones and enzymes) essential for normal cell function and growth. This message is transmitted in the following way. In the nucleus, the coded message with instructions for making a specific protein is copied from DNA onto another molecule called **RNA (ribonucleic acid)**. Then RNA travels from the nucleus to the cytoplasm of the cell, carrying the coded message that directs the formation of specific proteins (Figure 19-4B).

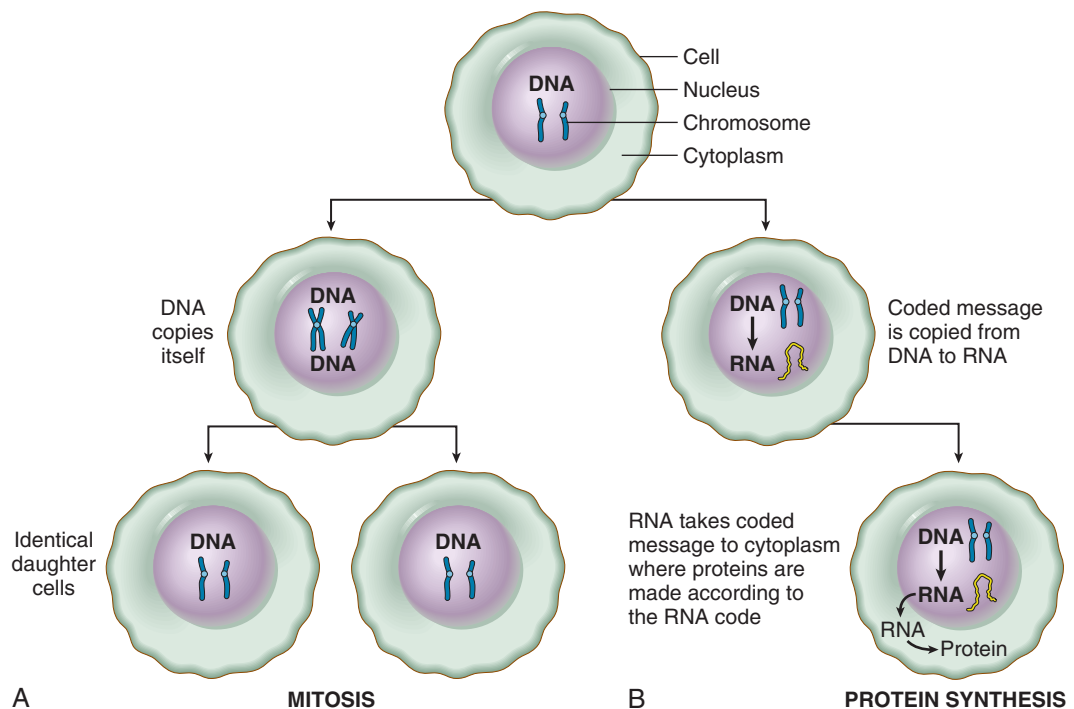


FIGURE 19-4 Two processes controlled by DNA. **A, Mitosis** (the process of cell division). **B, Protein synthesis** (creating new proteins for cellular growth).

When a cell becomes malignant, however, the processes of mitosis and protein synthesis are disturbed. Cancer cells reproduce almost continuously, and abnormal proteins are made. Malignant cells are **anaplastic**; that is, their DNA stops making codes that allow the cells to carry on the function of mature cells. Instead, altered DNA and altered cellular programs make new signals that lead to cell proliferation, movement of cells, invasion of adjacent tissue, and metastasis.

Various kinds of damage to DNA results in malignancy; DNA damage may be caused by environmental factors, such as toxic chemicals, sunlight, tobacco smoke, and viruses. The specific damage usually involves chemical changes in the nucleotide components of DNA. These changes interfere with the accurate coding for new protein synthesis. Once these changes are established in a cell, they are passed on to daughter cells. Such an inheritable change in DNA is called a **mutation**. Mutations, particularly those that stimulate cell growth or block DNA repair, lead to formation of malignant tumors.

Although most DNA changes, or mutations, lead to higher-than-normal rates of growth, some mutations found in cancer cells actually prevent the cells from dying. In recent years, scientists have recognized that in some types of cancers, the normal blueprints that direct aging or damaged cells to die are missing. Normal cells undergo spontaneous disintegration by a process known as **apoptosis**, or programmed cell death. Some cancer cells have lost elements of this program and thus can live indefinitely.

ENVIRONMENTAL AGENTS

Agents from the environment, such as chemicals, drugs, tobacco smoke, radiation, and viruses, can cause damage to DNA and thus produce cancer. These environmental agents are called **carcinogens**.

Chemical carcinogens are found in a variety of products and drugs, including **hydrocarbons**—in cigarette, cigar, and pipe smoke and automobile exhaust—insecticides, dyes, industrial chemicals, insulation, and hormones. For example, the hormone diethylstilbestrol (DES) causes a malignant tumor, carcinoma of the vagina, in daughters of women treated with DES during pregnancy. Drugs such as estrogens can cause cancer by stimulating the proliferation of cells in target organs such as the lining of the uterus.

Radiation, whatever its source—sunlight, x-rays, radioactive substances—consists of waves of energy. When this energy interacts with DNA, it causes DNA damage and mutations that lead to cancer. Thus, leukemia (a cancerous condition of white blood cells) may be an occupational hazard of radiologists, who are routinely exposed to x-rays. There is a high incidence of leukemia and other cancers among survivors of atomic bomb explosions, as at Hiroshima and Nagasaki. Ultraviolet radiation in sunlight can cause skin cancer, especially in persons with lightly pigmented, or fair, skin.

Some **viruses** are carcinogenic. For example, the human T cell leukemia virus (HTLV) causes a form of leukemia in adults. Kaposi sarcoma is caused by another virus, herpesvirus type 8. Other viruses are known to cause cervical cancer (papillomavirus) and a tumor of lymph nodes called Burkitt lymphoma (Epstein-Barr virus). These tumor-producing viruses, called **oncogenic viruses**, fall into two categories: **RNA viruses** (composed of RNA and known as retroviruses) and **DNA viruses** (composed of DNA).

In addition to transmission of cancer by whole viruses, pieces of normal DNA called **oncogenes** can cause normal cells to become malignant if they are activated by mutations. An oncogene (cancer-causing gene) is a piece of DNA whose activation is associated with the conversion of a normal cell into a cancerous cell. Some examples of oncogenes are **ras** (colon cancer), **myc** (lymphoma), and **abl** (chronic myelogenous leukemia [CML]).

In chronic myelogenous leukemia, the oncogene *abl* is activated when pieces from two different chromosomes switch locations. This genetic change (mutation) is called a **translocation**. The oncogene *abl* on chromosome 9 moves to a new location on the base of

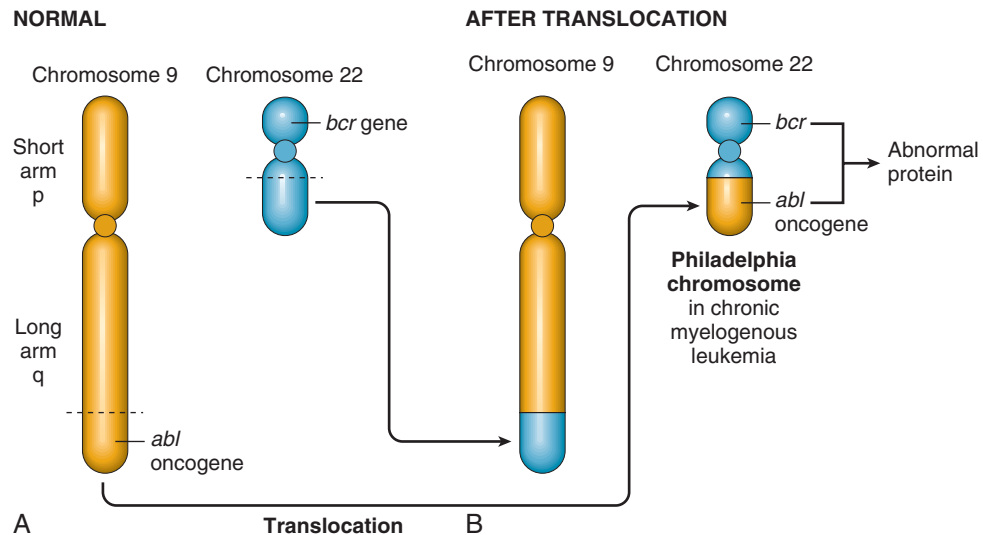


FIGURE 19-5 Chromosomal (oncogene) translocation resulting in the Philadelphia chromosome, associated with chronic myelogenous leukemia (CML). **A**, Normal chromosomes 9 and 22. **B**, **Translocation** of the *abl* oncogene from the long arm (q) of chromosome 9 to the long arm of chromosome 22 (next to the *bcr* gene). This forms a combination oncogene *bcr-abl* that produces an abnormal protein (tyrosine kinase), which leads to malignant transformation (in this case, CML).

chromosome 22, in a chromosome region called ***bcr*** (**breakpoint cluster region**). When *bcr* and *abl* are near each other, they cause the production of an abnormal protein that makes the leukocyte divide and causes a malignancy (chronic myelogenous leukemia). The new chromosome formed from the translocation and containing the ***bcr-abl*** gene fragments is called the **Philadelphia chromosome** (it was discovered in 1970 in Philadelphia) (Figure 19-5).

HEREDITY

Cancer may be caused by not only environmental factors but also inherited factors. Susceptibility to some forms of cancer is transmitted from parents to offspring through defects in the DNA of the egg or sperm cells. Examples of known inherited cancers are **retinoblastoma** (tumor of the retina of the eye), **adenomatous polyposis coli syndrome** (premalignant polyps that grow in the colon and rectum), and certain other inherited forms of colon, breast, and kidney cancer.

Each of these diseases is caused by loss of a segment of DNA or by a change in the coding sequence of DNA. Detection of these changes in the DNA code is possible by analysis of genes on the chromosomes from any cell, such as a blood cell, taken from an affected individual. Such inherited defects are detected by DNA sequencing, a step-by-step analysis of the nucleotide sequence of the affected gene, or by small DNA probes that test the overall fit of a person's gene to a normal gene sequence.

In many cases, it is believed that these tumors arise because of inherited or acquired abnormalities in certain genes called **suppressor genes**. In normal persons, these suppressor genes regulate growth, promote differentiation, and suppress oncogenes from causing cancer. Loss of a normal suppressor gene takes the brake off the process of cell division and leads to cancer. Examples of suppressor genes are the **retinoblastoma (Rb) type 1 gene (*RB1*)** and the **TP53** (p53 is the protein it encodes). A loss or mutation of TP53 (located on chromosome 17) can lead to human cancers, such as brain tumors or breast cancer.

TABLE 19-1 | EXAMPLES OF GENES IMPLICATED IN HEREDITARY CANCERS

Cancer	Gene	Chromosomal Location*
Breast; ovarian	<i>BRCA1</i>	17q21
Breast; ovarian	<i>BRCA2</i>	3q12-13
HNPCC (hereditary non-polyposis colon cancer)	<i>MLH 1</i> <i>MSH 2</i>	8q23.3 11q.23.1
Leukemia	<i>MLL</i>	11q23
Li-Fraumeni syndrome (multiple cancers)	<i>TP53</i>	17p13
Polyposis coli syndrome	<i>APC</i>	5q21
Renal cell carcinoma	<i>VHL</i>	3p21-26
Retinoblastoma	<i>RB1</i>	13q14
Wilms tumor	<i>WT1</i>	11p13

*The first number is the chromosome; p is the short arm of the chromosome, and q is the long arm of the chromosome. The second number is the region (band) of the chromosome.

Because inherited changes can be detected by analyzing DNA in any tissue of the body, not simply cancerous cells, blood cells from family members may be tested to determine whether a person has inherited the cancer-causing gene. This is known as **genetic screening**. Affected patients may be watched carefully to detect tumors at an early stage. Table 19-1 lists several hereditary cancers and the name of the responsible gene. Figure 19-6 reviews the role of environmental agents and heredity in carcinogenesis.

CLASSIFICATION OF CANCEROUS TUMORS

Almost half of all cancer deaths are caused by malignancies that originate in lung, breast, or colon; however, in all there are more than 100 distinct types of cancer, each having a unique set of symptoms and requiring a specific type of therapy. It is possible to divide these types of cancer into three broad groups on the basis of **histogenesis**—that is, by identifying the particular type of tissue (**hist/o**) from which the tumor cells arise (**-genesis**). These major groups are **carcinomas**, **sarcomas**, and **mixed-tissue tumors**.

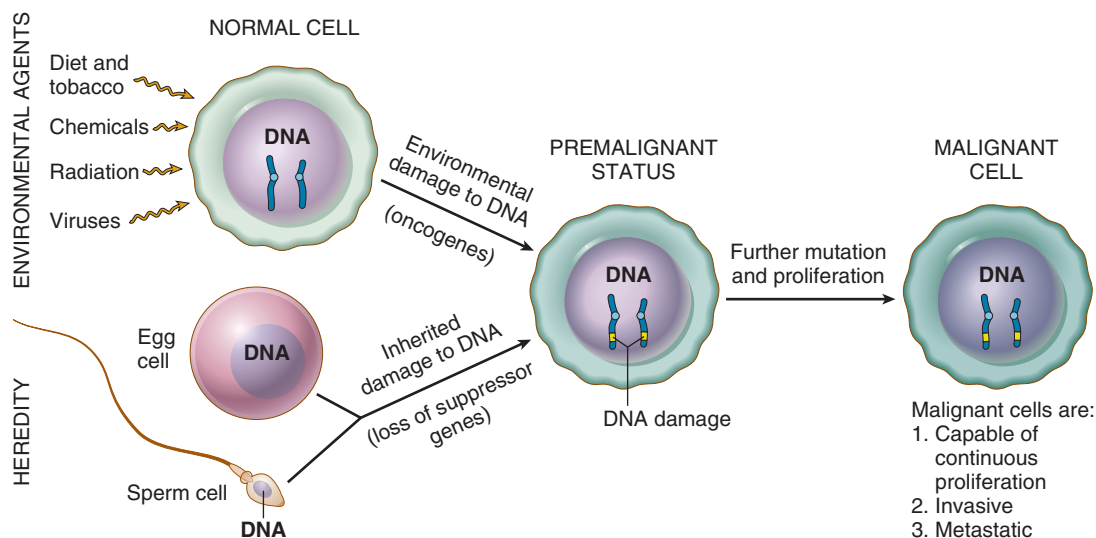


FIGURE 19-6 The role of environmental agents and heredity in carcinogenesis (transformation of a normal to a malignant cell).

CARCINOMAS

Carcinomas, the largest group, are solid tumors that are derived from epithelial tissue that lines external and internal body surfaces, including skin, glands, and digestive, urinary, and reproductive organs. Approximately 90% of all malignancies are carcinomas.

Table 19-2 gives examples of specific carcinomas and the epithelial tissue from which they derive. Benign tumors of epithelial origin are usually designated by the term **adenoma**, which indicates that the tumor is of epithelial or glandular (**aden/o**) origin. For example, a gastric adenoma is a benign tumor of the glandular epithelial cells lining the stomach. Malignant tumors of epithelial origin are named by using the term **carcinoma** and adding the type of tissue in which the tumor occurs. Thus, a **gastric adenocarcinoma** is a cancerous tumor arising from glandular cells lining the stomach.

TABLE 19-2 CARCINOMAS AND THE EPITHELIAL TISSUES FROM WHICH THEY DERIVE

Type of Epithelial Tissue	Malignant Tumor (Carcinomas)
Gastrointestinal tract	
Colon	Adenocarcinoma of the colon
Esophagus	Esophageal carcinoma
Liver	Hepatocellular carcinoma (hepatoma)
Stomach	Gastric adenocarcinoma
Glandular tissue	
Adrenal glands	Carcinoma of the adrenals (adrenocortical carcinoma)
Breast	Carcinoma of the breast
Pancreas	Carcinoma of the pancreas (pancreatic adenocarcinoma)
Prostate	Carcinoma of the prostate
Salivary glands	Adenoid cystic carcinoma
Thyroid	Carcinoma of the thyroid
Kidney and bladder	
	Renal cell carcinoma (hypernephroma)
	Transitional cell carcinoma of the bladder
Lung	
	Adenocarcinoma (bronchioloalveolar)
	Large cell carcinoma
	Small (oat) cell carcinoma
	Squamous cell (epidermoid)
Reproductive organs	
	Adenocarcinoma of the uterus
	Carcinoma of the penis
	Choriocarcinoma of the uterus or testes
	Cystadenocarcinoma (mucinous or serous) of the ovaries
	Seminoma and embryonal cell carcinoma (testes)
	Squamous cell (epidermoid) carcinoma of the vagina or cervix
Skin	
Basal cell layer	Basal cell carcinoma
Melanocyte	Malignant melanoma
Squamous cell layer	Squamous cell carcinoma

SARCOMAS

Sarcomas also are malignant tumors but are less common than carcinomas. They derive from connective tissues in the body, such as bone, fat, muscle, cartilage, and bone marrow and from cells of the lymphatic system. Often, the term **mesenchymal tissue** is used to describe embryonic connective tissue from which sarcomas are derived. The middle, or mesodermal, layer of the embryo gives rise to the connective tissues of the body as well as to blood and lymphatic vessels.

Table 19-3 gives examples of specific types of sarcomas and the connective tissues from which they derive. Benign tumors of connective tissue origin are named by adding the suffix **-oma** to the type of tissue in which the tumor occurs. For example, a benign tumor of bone is called an **osteoma**. Malignant tumors of connective tissue origin are frequently named using the term **sarcoma** (**sarc/o** = flesh). For example, an **osteosarcoma** is a malignant tumor of bone.

TABLE 19-3 SARCOMAS AND THE CONNECTIVE TISSUES FROM WHICH THEY DERIVE

Type of Connective Tissue	Malignant Tumor
Bone	
	Osteosarcoma (osteogenic sarcoma) Ewing sarcoma
Muscle	
Smooth (visceral) muscle	Leiomyosarcoma
Striated (skeletal) muscle	Rhabdomyosarcoma
Cartilage	
	Chondrosarcoma
Fat	
	Liposarcoma
Fibrous tissue	
	Fibrosarcoma
Blood vessel tissue	
	Angiosarcoma
Blood-forming tissue	
All leukocytes	Leukemias
Lymphocytes	Lymphomas Hodgkin disease Non-Hodgkin lymphomas: 1. follicular 2. diffuse large cell 3. Burkitt 4. anaplastic large cell
Plasma cells (bone marrow)	Multiple myeloma
Nerve tissue	
Embryonic nerve tissue	Neuroblastoma
Glial tissue	Astrocytoma (tumor of glial cells called astrocytes) Glioblastoma multiforme
Nerve cells of the gastrointestinal tract	Gastrointestinal stromal tumor (GIST)

TABLE 19-4 MIXED-TISSUE TUMORS

Type of Tissue	Malignant Tumor
Kidney	Wilms tumor (embryonal adenosarcoma)
Ovaries and testes	Teratoma (tumor composed of bone, muscle, skin, gland cells, cartilage, etc.) Germ cell tumor

In addition to the solid tumors of connective tissue origin, sarcomas include tumors arising from blood-forming tissue. **Leukemias** are tumors derived from bone marrow, and **lymphomas** are derived from immune cells of the lymphatic system. Cells within the brain (glial cells) and embryonic tissue of the nervous system give rise to **gliomas** (such as astrocytomas of the brain) and **neuroblastomas**, respectively.

MIXED-TISSUE TUMORS

Mixed-tissue tumors are derived from tissue that is capable of differentiating into both epithelial and connective tissue. These uncommon tumors are thus composed of several different types of cells. Examples of mixed-tissue tumors (Table 19-4) are found in the kidney, ovaries, and testes.

PATHOLOGIC DESCRIPTIONS

The following terms are used to describe the appearance of a malignant tumor, on either gross (visual) or microscopic examination.

GROSS DESCRIPTIONS

cystic

Forming large open spaces filled with fluid. **Mucinous** tumors are filled with mucus (thick, sticky fluid), and **serous** tumors are filled with a thin, watery fluid resembling serum. The most common site of cystic tumors is in ovaries (Figure 19-7A).

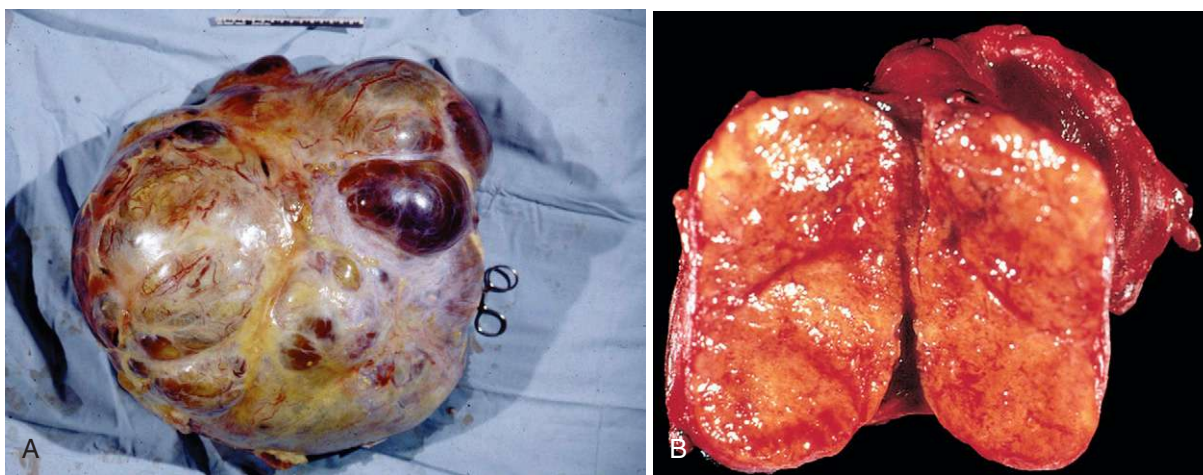


FIGURE 19-7 A, Cystic ovarian adenocarcinoma. Note the tumor has formed fluid cysts and blood-filled sacs. B, Medullary carcinoma of the thyroid. Tumor shows a solid pattern of growth. (A, Courtesy Dr. Annekathryn Goodman, Massachusetts General Hospital, Boston)

fungating	Mushrooming pattern of growth in which tumor cells pile one on top of another and project from a tissue surface. Tumors found in the colon are often of this type.
inflammatory	Having the features of inflammation—that is, redness, swelling, and heat. Inflammatory changes result from tumor blockage of the lymphatic drainage of the skin, as in breast cancer.
medullary	Large, soft, fleshy tumors. Thyroid and breast tumors may be medullary (Figure 19-7B).
necrotic	Containing dead tissue. Any type of tumor can outgrow its blood supply with resulting cell death and necrosis of part or all of the tumor.
polypoid	Growths that form projections extending outward from a base. Sessile polypoid tumors extend from a broad base, and pedunculated polypoid tumors extend from a stem or stalk. Both benign and malignant tumors of the colon may grow as polyps. Benign polyps of the colon have a significant risk of becoming malignant over time and should be removed to prevent cancer (Figure 19-8A).
ulcerating	Characterized by an open, exposed surface resulting from the death of overlying tissue. Ulcerating tumors often are found in the stomach, breast, colon, and skin (Figure 19-8B).
verrucous	Resembling a wart-like growth. Tumors of the gingiva (gum) frequently are verrucous.

MICROSCOPIC DESCRIPTIONS

alveolar	Tumor cells form patterns resembling small sacs; commonly found in tumors of muscle, bone, fat, and cartilage.
carcinoma in situ	Referring to localized tumor cells that have not invaded adjacent structures. (Latin <i>in situ</i> means in place.) Cancer of the cervix may begin as carcinoma in situ.

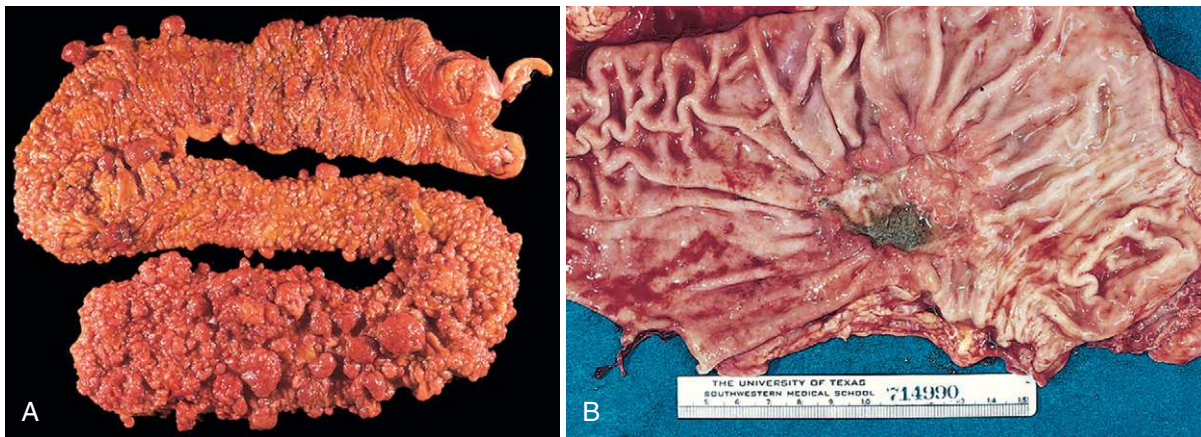


FIGURE 19-8 A, Adenomatous polyposis of the colon. These innumerable polypoid adenomas have a strong tendency for progression to colon adenocarcinoma. B, Gastric (stomach) carcinoma with a large irregular ulcer.

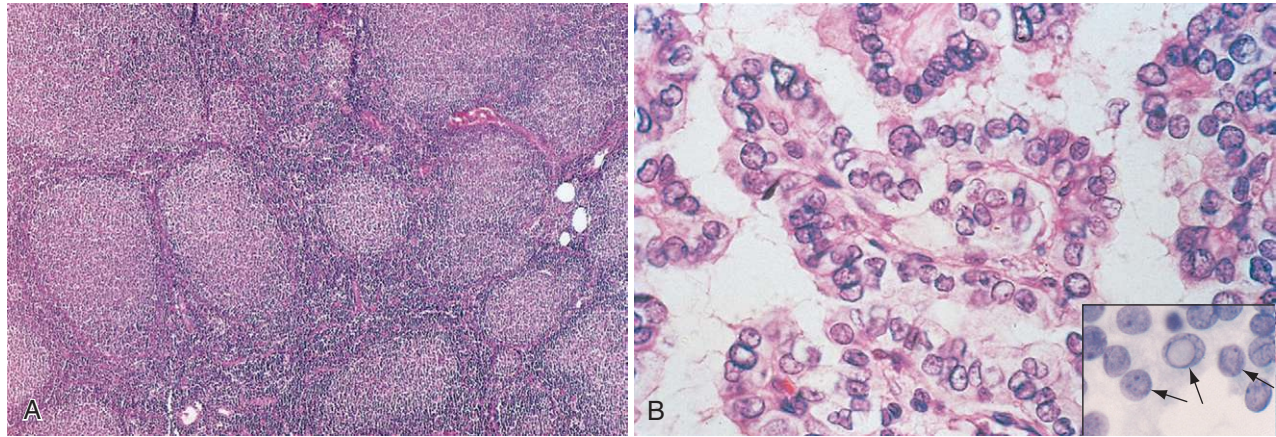


FIGURE 19-9 A, Follicular non-Hodgkin lymphoma involving a lymph node. B, Papillary carcinoma of the thyroid.

diffuse	Spreading evenly throughout the affected tissue. Malignant lymphomas may display diffuse involvement of lymph nodes.
dysplastic	Containing abnormal-appearing cells that are not clearly cancerous. Dysplastic nevi (moles on skin) are an example. They are often forerunners of skin cancers.
epidermoid	Resembling squamous epithelial cells (thin, plate-like); often occurring in the respiratory tract.
follicular	Forming small glandular sacs. Thyroid gland cancer and lymphomas are examples (Figure 19-9A).
papillary	Forming small, finger-like or nipple-like projections of cells. Bladder and thyroid cancers are examples (Figure 19-9B).
pleomorphic	Composed of a variety of types of cells. Mixed-cell tumors are examples.
scirrhous	Densely packed (scirrhous means hard) tumors, due to dense bands of fibrous tissue; commonly found in breast or stomach cancers.
undifferentiated	Lacking microscopic structures typical of normal mature cells.

GRADING AND STAGING SYSTEMS

Tumors are classified on the basis of tissue of origin, microscopic appearance, and extent of spread. Of particular importance are the tumor's **grade** (its degree of maturity or differentiation under the microscope) and its **stage** (its extent of spread within the body). These two properties influence the prognosis (the chances of successful treatment and survival) and determine the specific treatment to be used.

When **grading** a tumor, the pathologist is concerned with the microscopic appearance of the tumor cells, specifically with their degree of maturation or differentiation. Often, three or four grades are used. **Grade I** tumors are very well differentiated, so that they closely resemble cells from the normal parent tissue of their origin. **Grade IV** tumors are so undifferentiated or anaplastic that even recognition of the tumor's tissue of origin may be difficult. **Grades II** and **III** are intermediate in appearance, moderately or poorly differentiated, as opposed to well differentiated (grade I) and undifferentiated (grade IV).

Grading is often of value in determining the prognosis of certain types of cancers, such as cancer of the urinary bladder, prostate gland and ovary, and brain tumors (astrocytomas). Patients with grade I tumors have a high survival rate, and patients with grade II, III, and IV tumors have an increasingly poorer survival rate. Grading is also used in evaluating cells obtained from body fluids in preventive screening tests, such as **Papanicolaou (Pap) smears** of the uterine cervix.

The **staging** of cancerous tumors is based on the extent of spread of the tumor. It relies on careful definition of the size and spread of the tumor, using CT, PET/CT, and MRI scans and radionuclide (radioactive) bone scans. See Figure 19-15, page 826, for a PET/CT scan showing lymph node metastases. An example of a staging system is the tumor-node-metastasis (**TNM**) **International Staging System**. It has been applied to malignancies such as lung cancer, as well as to many other tumors. In this staging system, **T** specifies the size and degree of local extension of the **tumor**; **N** is the number of regional lymph **nodes** that have been invaded by tumor; and **M** specifies the presence or absence of **metastases** (spreads to distant sites) of the tumor cells. Numbers denote size and degree of involvement: For example, 0 indicates undetectable, and 1, 2, 3, and 4, a progressive increase in size or involvement. TNM staging may be based on clinical data (physical examination and radiologic assessment) or actual histopathologic evaluation of the tumor and adjacent lymph nodes. In some cases, bone marrow, liver, or other tissues are biopsied to confirm metastases. Table 19-5 presents the TNM staging system for non-small cell lung cancer. Once the T, N, and M categories have been assigned, then this information is combined to give an overall stage grouping of I, II, III, or IV.

TABLE 19-5 | INTERNATIONAL TNM STAGING SYSTEM FOR NON-SMALL CELL LUNG CANCER

Categories of Stages for T, N, and M

T = primary tumor

- Tx** Positive cytologic malignant findings; no tumor can be found
- Tis** Carcinoma in situ; cancer only in top layers of cells; no deep invasion
- T1** Tumor is <3 cm (1 1/4 inches) diameter; **T1a** = 2 cm or less; **T1b** = between 2 and 3 cm
- T2** Tumor is between 3 and 7 cm across; **T2a** = 5 cm or less; **T2b** = between 5 and 7 cm
- T3** Tumor larger than 7 cm across and grown into chest wall, diaphragm, mediastinal pleura, or pericardium
- T4** Tumor invades the mediastinum, heart, aorta, trachea, or esophagus

N = regional lymph nodes

- N0** No node involvement
- N1** Ipsilateral (same side as primary tumor) bronchopulmonary or hilar nodes involved
- N2** Ipsilateral mediastinal nodes or ligament involved
- N3** Contralateral (opposite side) mediastinal, hilar, supraclavicular (collarbone) nodes involved

M = distant metastases

- M0** No metastases
- M1** Metastases present with site specified (e.g. brain, liver)

Stage Grouping	TNM Description		U.S. 5-Year Survival Rate
I A	T1, N0, M0	T1a/T1b, N0, M0	75%
I B	T2, N0, M0	T2a, N0, M0	55%
II A	T1, N1, M0 T2a, N1, M0	T1a/T1b, N1, M0 T2b, N0, M0	50%
II B	T2b, N1, M0	T3, N0, M0	40%
III A	T1-3, N2, M0 T4, N0/N1, M0	T3, N1, M0	10–35%
III B	Any T, N3, M0	T4, N2, M0	5%
IV	Any T, any N, M1		<5%

CANCER TREATMENT

Four major approaches to cancer treatment are **surgery**, **radiation therapy**, **chemotherapy**, and **biological therapy**. Each method (**modality**) may be used alone, but often they are used together in combined-modality regimens to improve the overall diagnosis and treatment result.

SURGERY

In many patients with cancer, the tumor is discovered before it has spread, and it may be cured by surgical excision. Some common cancers in which surgery may be curative are those of the stomach, breast, colon, lung, and uterus (endometrium). Often, surgical removal of the primary tumor prevents local spread or complications, even in the presence of distant disease. A **debulking procedure** may be used to remove as much of the primary tumor mass as possible, even if the tumor is attached to a vital organ and cannot be completely removed. After removal of the primary tumor, the patient often receives **adjuvant** (assisting) radiation therapy and/or chemotherapy to prevent recurrence at distant sites.

The following is a list of terms that describe surgical procedures used in diagnosing and treating cancer.

cauterization	Process of burning tissue to destroy it. Examples are electrocauterization (using a needle or snare heated by electric current), laser, dry ice, and chemicals.
core needle biopsy	Placement of a large-bore needle that extracts a thin core of tissue.
cryosurgery	Use of subfreezing temperature to destroy tissue.
en bloc resection	Tumor is removed along with a large area of surrounding tissue containing lymph nodes. Modified radical mastectomy, colectomy, and gastrectomy are examples.
excisional biopsy	Removal of tumor and a margin of normal tissue. This procedure provides a specimen for diagnosis and may be curative for small noninvasive tumors.
exenteration	Wide resection involving removal of the tumor, its organ of origin, and all surrounding tissue in the body space. Pelvic exenteration with removal of the uterus, ovaries, bladder, and segments of the large bowel may be performed to treat large primary tumors of the uterus.
fine needle aspiration	Placement of a very thin needle inside the tumor mass and extracting cells for microscopic evaluation.
fulguration	Destruction of tissue by electric sparks generated by a high-frequency current.
incisional biopsy	Piece of tumor is removed for examination to establish a diagnosis. More extensive surgical procedure or other forms of treatment, such as chemotherapy or radiation therapy, are then used to treat the bulk of the tumor.

RADIATION THERAPY (RADIATION ONCOLOGY)

The goal of **radiation therapy (RT)** is to deliver a maximal dose of ionizing radiation to the tumor tissue and a minimal dose to the surrounding normal tissue. High-dose **irradiation** (exposure of tissue to radiation)

destroys tumor cells and produces damage to DNA. Newer techniques of irradiation use high-energy beams of **protons** (sub-atomic particles) to improve the uniformity (conformality) of dose and to limit damage to normal tissues.

Terms used in the field of radiation therapy for cancer are as follows:

brachytherapy	Implantation of small, sealed containers or seeds of radioactive material directly into the tumor (interstitial therapy); or in a cavity of the tumor (intracavitary therapy, as in endometrial cancer). An implant may be temporary (as in treatment for tumors of the head and neck or gynecologic malignancies) or permanent (as with prostatic implants, or “seeds,” placed into the affected area of the gland).
electron beams	Low-energy beams for treatment of skin or surface tumors.
external beam irradiation (teletherapy)	Radiation therapy applied to a tumor from a distant source (linear accelerator).
fields	Dimensions of the size of radiation area used to treat a tumor from a specific angle.
fractionation	A method of dividing radiation into small, repeated doses rather than fewer large doses. Fractionation allows larger total doses to be given while causing less damage to normal tissue.
gray (Gy)	Unit of absorbed radiation dose. Historically, the unit in use was rad (100 rad equal 1 Gy).
linear accelerator	Large electronic device that produces high-energy x-ray (or photon) beams for the treatment of deep-seated tumors (Figure 19-10). Intraoperative radiation therapy (IORT) is direct application of radiation during surgery using a linear accelerator in the operating room.
photon therapy	Radiation therapy using x-rays or gamma rays. A linear accelerator produces photon beams to treat tumors. See the <i>In Person</i> account of a woman undergoing radiotherapy on page 828.

FIGURE 19-10 Linear accelerator. Radiation therapy (photon therapy) delivered to a patient positioned under a linear accelerator. **Intensity-modulated radiation therapy (IMRT)** is an advanced mode of high-precision radiotherapy that uses computer-controlled linear accelerators to deliver precise radiation doses to a malignant tumor. This is a type of **conformal radiation therapy** that uses computer technology to create a three-dimensional image of a tumor so that rotating beams can shape exactly to the contour of the tumor. (Courtesy Dr. Arthur Brimberg, Riverhill Radiation Oncology, Yonkers, New York.)



proton therapy

Small subatomic positively charged particles (protons) produced by a cyclotron deposit all the absorbed dose at a focused finite point. This reduces the dose affecting normal surrounding tissues by at least 50% (Figure 19-11A).

radiocurable tumor

Tumor that can be completely eradicated by radiation therapy. Usually, this is a localized tumor with no evidence of metastasis. Lymphomas, Hodgkin disease, and seminomas of the testes are examples (Figure 19-12).

radioresistant tumor

Tumor that requires large doses of radiation to produce death of the cells. Melanoma and renal carcinoma are the most radioresistant.

radiosensitive tumor

Tumor in which irradiation can cause the death of cells without serious damage to surrounding tissue (**morbidity**). Tumors of hematopoietic (blood-forming) and lymphatic origins are radiosensitive.

radiosensitizers

Drugs that increase the sensitivity of tumors to x-rays. Many cancer chemotherapy drugs, especially 5-fluorouracil and cisplatin, sensitize tumors and normal tissue to radiation, thereby improving the outcome of treatment.

simulation

Study prior to radiation therapy using CT scan and/or MRI to map treatment. Simulation is required for all patients undergoing RT.

stereotactic radiosurgery

Single large dose of radiation (Gamma Knife surgery) delivered from several different angles under stereotactic (highly precise) guidance to destroy a vascular abnormality (**arteriovenous malformation**, which is a tangle of blood vessels in the brain) or to treat small intracranial tumors (see Figure 19-11B).



FIGURE 19-11 A, Proton therapy machine. Proton beam radiation therapy is useful in treating a variety of cancers including tumors of the head and neck, brain, eye, and prostate. **B, Proton stereotactic radiosurgery.** A model poses to show how a proton beam device is brought near a patient in preparation for stereotactic radiosurgery. (Courtesy Dr. Jay Loeffler, Radiation Oncology Department, Massachusetts General Hospital, Boston.)



FIGURE 19-12 A, Patient with Hodgkin disease before radiation therapy. B, The same patient 6 years after radiation therapy.

Radiotherapy, although it may be either **palliative** (relieving symptoms) or curative, can produce undesirable side effects on normal body tissues that are incidentally irradiated. Some complications due to irradiation of normal tissue surrounding the tumor and in the path of the beam of photons may be reversible with time, and recovery takes place soon after radiotherapy is completed. Side effects include the following:

Alopecia (baldness)—may be permanent or temporary with radiation therapy

Fibrosis (increase in connective tissue) in normal tissues

Infertility (inability to contribute to conception of a child)

Mucositis (inflammation and ulceration of mucous membranes)—in the mouth, pharynx, vagina, bladder, or large or small intestine

Myelosuppression (bone marrow depression)—anemia, leukopenia, and thrombocytopenia

Nausea and vomiting—as reaction to radiation therapy to the brain (vomiting center is located in the brainstem) or gastrointestinal tract (loss of epithelial lining tissue)

Pneumonitis (inflammation of the lungs)

Secondary tumors (new types of tumors, originating at a site separate from the primary tumor)—including sarcomas or carcinomas, or leukemias that may arise from damaged tissue


Xerostomia (dryness of the mouth)—occurs after radiation therapy to the salivary glands

CHEMOTHERAPY, BIOLOGICAL THERAPY, AND DIFFERENTIATING AGENTS

Chemotherapy

Cancer chemotherapy is the treatment of cancer using chemicals (drugs). It is the standard treatment for many types of cancer, and it produces cures in most patients who have testicular cancer, acute lymphocytic leukemia (children), and Hodgkin disease. Chemotherapy may be used alone or in combination with surgery and irradiation to improve cure rates.

The ideal is to administer drugs that kill large numbers of tumor cells without harming normal cells. Because normal cells, such as bone marrow and gastrointestinal lining cells, have a rapidly dividing cell population, they suffer considerable damage from antitumor drugs. Scientists working in the field of pharmacokinetics measure the rate of disappearance

of drugs from the bloodstream and tissues. They also use information from animal experiments and clinical trials  to design better routes (oral, intravenous) and schedules of administration to achieve the greatest tumor kill with the least toxicity (harm) to normal cells.

Combination chemotherapy is the use of two or more antitumor drugs together to kill a specific type of malignant growth. In chemotherapy, drugs are given according to a written **protocol**, or plan, that details the route, schedule, and frequency of doses administered. Usually, drug therapy is continued until the patient achieves a complete **remission**, the absence of all signs of disease. At times, chemotherapy is an **adjuvant** (aid) to surgery. Drugs are used to kill possible hidden disease in patients who, after surgery, are otherwise free of any evidence of malignancy.

Drugs cause tumor cells to die by damaging their DNA. Tumor cells with damaged DNA undergo **apoptosis**, or self-destruction. They have impaired capacity to repair their DNA and, in general, are less able than normal cells to survive DNA damage due to drugs and radiation.

The following are categories of cancer chemotherapeutic agents. For your reference, Table 19-6 lists the specific drugs in each of these categories and the particular cancers they are used to treat.

1. **Alkylating agents.** These are synthetic compounds containing one or two alkyl groups. The chemicals interfere with the process of DNA synthesis by attaching to DNA molecules. Toxic side effects include nausea and vomiting, diarrhea, bone marrow depression (myelosuppression), and alopecia (hair loss). These are common side effects because cells in the gastrointestinal tract, bone marrow, and scalp are rapidly dividing cells that, along with tumor cells, are susceptible to the lethal effects of chemotherapeutic drugs. Most side effects disappear after treatment is suspended.
2. **Antibiotics.** These drugs are produced by bacteria or fungi. Most act by binding to DNA in the cell, thus promoting DNA strand breaks and preventing the replication or copying of DNA. Toxic side effects include alopecia, stomatitis (inflammation of the mouth), myelosuppression, and gastrointestinal disturbances.
3. **Antimetabolites.** These drugs inhibit the synthesis of nucleotide components of DNA, or they may act as fraudulent copies of normal nucleotides and become incorporated into the DNA strand, where they directly block the replication of DNA. Toxic side effects are myelosuppression with leukopenia, thrombocytopenia, and anemia; and damage to cells that line the mouth and digestive tract, leading to stomatitis, nausea, and vomiting.



Clinical Trials

Clinical trials are research studies designed to find treatments that work for patients. The studies follow a predefined protocol and are divided into four phases:

- Phase I:** The experimental drug or treatment is tested in a small group of people (20 to 80) for the first time to evaluate its safety. Phase I trials also determine a safe dosage range and schedule of administration (daily or weekly, oral or intravenous, and so on).
- Phase II:** Experimental treatment is given to a larger group of people (200 to 300) to identify tumor response rate and define safety risks for patients with a specific type of cancer.
- Phase III:** A larger and more definitive trial is conducted in which hundreds or thousands of subjects take part. Patients are randomly assigned to the new treatment or to a standard, established treatment. The effectiveness and overall risk-versus-benefit ratio for the experimental treatment are compared with those for standard treatment. A new drug may be approved by the FDA (U.S. Food and Drug Administration) based on these results.
- Phase IV:** Large studies are conducted after the FDA has granted its initial approval of a new treatment for marketing. These trials are designed to monitor safety in large populations and identify new indications beyond those already approved.

TABLE 19-6 | SELECTED CANCER CHEMOTHERAPEUTIC AGENTS
AND THE CANCERS THEY TREAT


Chemotherapeutic Agent	Type of Cancer
Alkylating Agents	
Bendamustine (Ribomustine)	Non-Hodgkin lymphoma
Carmustine (BCNU)	Brain
Carboplatin (Paraplatin)	Ovarian
Cisplatin (Platinol)	Testicular; ovarian
Cyclophosphamide (Cytoxan)	Lymphoma
Dacarbazine (DTIC-Dome)	Hodgkin lymphoma
Temozolomide (Temodar)	Brain (glioma)
Antibiotics	
Bleomycin (Blenoxane)	Testicular
Daunorubicin (Cerubidine)	Acute myelogenous leukemia (AML)
Doxorubicin (Adriamycin, Doxil)	Breast
Antimetabolites	
Capecitabine (Xeloda)	Breast and colon
Cladribine (Leustatin)	Hairy cell leukemia
Cytarabine (ara-C, Cytosar-U)	Acute myelogenous leukemia (AML)
Fludarabine (Fludara)	Chronic lymphocytic leukemia (CLL)
5-Fluorouracil (5-FU) (various)	Colon
Gemcitabine (Gemzar)	Pancreatic cancer
Methotrexate, MTX (Folex, Mexate)	Acute lymphocytic leukemia (ALL)
Pemetrexed (Alimta)	Lung cancer
Antimitotics	
Docetaxel (Taxotere)	Breast
Paclitaxel (Taxol)	Breast, ovary
Vinblastine (Velban)	Lymphoma
Vincristine (Oncovin)	Lymphoma
Vinorelbine (Navelbine)	Breast
Hormones and Hormone Antagonists	
Abiraterone (Zyliga)	Prostate cancer
Dexamethasone (Decadron)	Lymphoma
Flutamide (Eulexin)	Prostate
Letrozole (Femara)	Breast
Leuprolide (Lupron)	Prostate
Prednisone (various)	Acute lymphocytic leukemia (ALL)
Tamoxifen (Nolvadex)	Breast

Note: Brand names are in parentheses. Often drugs are given in combinations according to carefully planned regimens called **protocols**.

4. **Antimitotics.** These chemicals are derived from bacteria, fungi, or plants or from animals found on coral reefs or in the ocean. **Paclitaxel (Taxol)** and the vinca alkaloids are isolated from plants and block the function of the cell structural protein, the microtubule, which is essential for mitosis. They are used frequently in combination with other chemotherapeutic agents. Side effects include myelosuppression, alopecia, and nerve damage.
5. **Hormonal agents.** Hormones are a class of chemicals made by endocrine glands in the body. Examples are estrogens made in the ovaries and androgens made in the testes and adrenal glands. Hormones attach to receptor proteins in target tissues. The hormone-receptor complex stimulates certain normal tissues, such as breast or uterine lining cells, to divide and grow. Some tumors, such as prostate cancers, depend on the presence of a hormone (in this case, androgens) to grow, and hormone removal (orchiectomy) leads to tumor regression. Steroid (cholesterol-derived) hormones, such as prednisone, have growth-inhibiting effects on leukemias and breast cancer. Other compounds, called hormone antagonists, are designed to block the growth-promoting effects of estrogens or androgens, and are used in breast cancer and prostate cancer, respectively.

Breast cancers have **estrogen receptors**. These tumors respond to the removal of estrogen by oophorectomy or the use of antiestrogen drugs, such as **tamoxifen**, which block estrogenic effects. **Flutamide** blocks androgen action and causes regression of prostate cancer. **Aromatase inhibitors**, such as anastrozole, prevent the conversion of androgen to estrogen, and starve breast tumors of their estrogen supply in postmenopausal women.

Figure 19-13 illustrates the mechanisms of action for various types of cancer chemotherapeutic agents. Often, drugs are administered in combination, according to carefully planned **protocols** (regimens). Consult the Evolve site for Chapter 19 to see examples of cancer chemotherapeutic protocols.

A new class of anticancer drugs are **molecularly targeted drugs**.  These drugs are designed to block the function of growth factors, their receptors, and abnormal or overactive signaling pathways in tumor cells.

Tumor cells can also grow by establishing a new blood supply via **angiogenesis** (growth of new blood vessels). Tumors secrete specific proteins, such as **vascular endothelial growth factor (VEGF)**, which stimulates the formation of new vessels. **Antiangiogenic drugs** interfere with angiogenesis and stop the growth of new blood vessels. An example of this type of drug is **Avastin** (bevacizumab), a monoclonal antibody that destroys VEGF.



Molecularly Targeted Drugs

Examples are:

- Gleevec (imatinib mesylate)**—blocks Bcr-Abl tyrosine kinase in chronic myelogenous leukemia cells.
- Tarceva (erlotinib)**—blocks epidermal growth factor (EGFR) in lung cancer cells.
- Zelboraf (vemurafenib)**—blocks mutated BRAF enzyme in 50% of melanoma patients.

CANCERS AND CHEMOTHERAPEUTIC REGIMENS

Type of Cancer	Combination	Regimen
Breast	AC	Adriamycin (doxorubicin) Cyclophosphamide
Bladder	M-VAC	Methotrexate Vinblastine Adriamycin (doxorubicin) Cisplatin
Hodgkin disease	ABVD	Adriamycin (doxorubicin) Bleomycin Vinblastine Dacarbazine
Ovarian	Carbo-Tax	Carboplatin Taxol (paclitaxel)

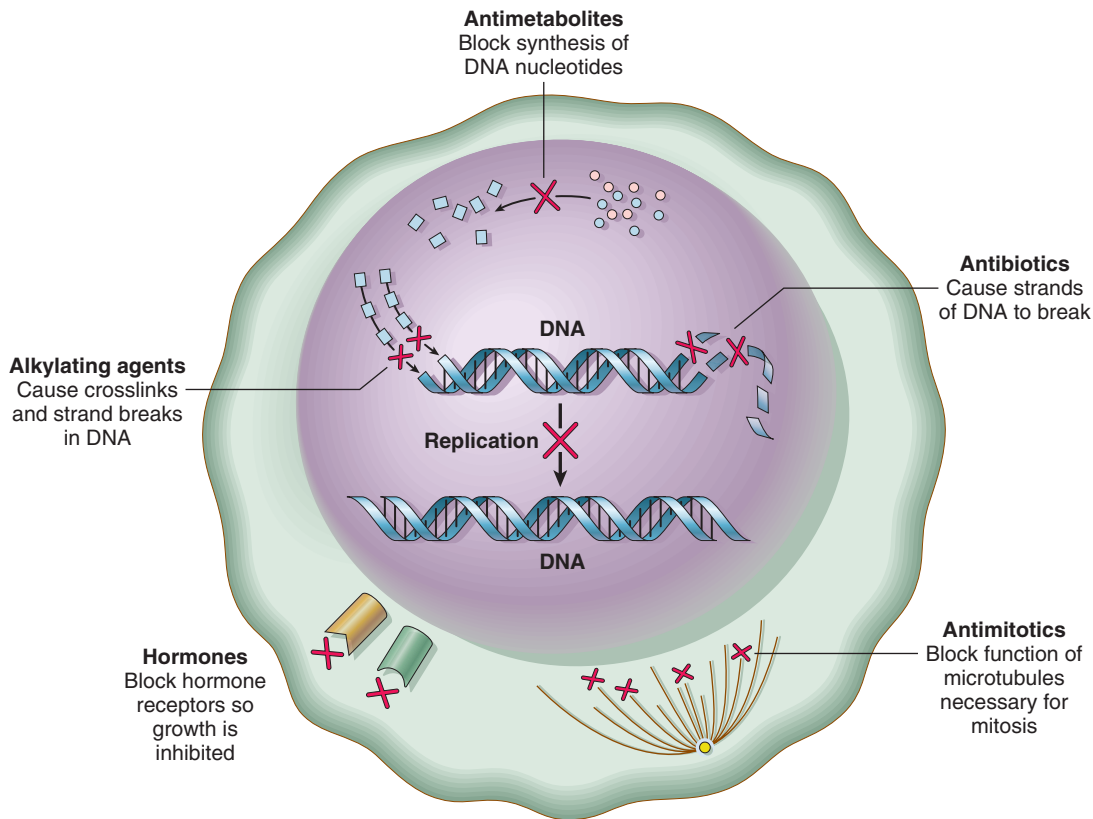


FIGURE 19-13 Mechanisms of action of cancer chemotherapeutic agents.

Biological Therapy

Another approach to cancer treatment is to use the body's own defenses to fight tumor cells. Investigators are exploring how the elements of the immune system can be restored, enhanced, mimicked, and manipulated to destroy cancer cells. Substances produced by normal cells that directly block tumor growth or that stimulate the immune system and other body defenses are called **biological response modifiers**. Examples of these substances are **interferons** (made by lymphocytes), **monoclonal antibodies** (made by mouse or human immune cells and capable of binding to human tumors), **colony-stimulating factors (CSFs)** that stimulate blood-forming cells to combat the myelosuppressive side effects of chemotherapy, and **interleukins** that stimulate the immune system to destroy tumors. Consult the Evolve website for Chapter 19 for specific biological agents and their modes of action.

Differentiating Agents

Some new drugs cause tumor cells to differentiate, stop growing, and die. These include **ATRA (all-trans retinoic acid)**, a vitamin A derivative, that is highly active against acute promyelocytic leukemia (APL), and **arsenic trioxide (Trisenox)**, which has similar effects on APL. Consult the Evolve website for Chapter 19 for a list of the newest anticancer drugs with their modes of action.

BIOLOGICAL AGENTS AND THEIR MODES OF ACTION

Biological Agent	Mode of Action
Bevacizumab (Avastin)	Monoclonal antibody that binds to VEGF
Cetuximab (Erbix)	Monoclonal antibody that binds to EGFR
Darbepoetin alfa (Aranesp)	Long-acting erythropoietin
Erythropoietin (Epogen, Procrit)	Promotes growth of red blood cells
Filgrastim (Neupogen)	Colony-stimulating factor; promotes the growth of white blood cells (leukocytes)
Gemtuzumab ozogamicin (Mylotarg)	Monoclonal antibody with an attached toxin; binds specifically to leukemia cells and allows the toxin to enter and kill cells
Interferons (Roferon, Intron)	Promote broad immune response
Interleukin 2 (IL-2)	Promotes immune response of T lymphocytes
Pegfilgrastim	Long-acting filgrastim
Rituximab (Rituxan)	Monoclonal antibody binding to cell surface receptor; induces apoptosis
Trastuzumab (Herceptin)	Monoclonal antibody binding to <i>HER2-neu</i> receptor on cell surface; blocks growth-signaling pathways within cell; induces apoptosis

Note: Brand names are in parentheses.

NEWEST ANTICANCER DRUGS AND THEIR MODES OF ACTION

Drug	Mode of Action
All-trans retinoic acid [ATRA]	Differentiating agent; useful in acute promyelocytic leukemia (APL)
Arsenic trioxide (Trisenox)	Differentiating agent; useful in acute promyelocytic leukemia
Desatinib (Sprycel)	Blocks protein that signals cancer cells to grow; used in leukemia (CML)
Erlotinib (Tarceva)	Binds to EGFR and prevents its signals from stimulating tumor cells to grow.
Gefitinib (Iressa)	Binds to EGFR; used in non-small cell lung cancer
Imatinib mesylate (Gleevec)	Molecularly targeted drug; useful in chronic myelogenous leukemia (CML)
Lenalidomide (Revlimid)	Derivative of thalidomide; useful in multiple myeloma and myelodysplasia
Nilotinib (Tasigna)	Blocks protein that allows cancer cells to grow; used in leukemia (CML)
Thalidomide (Thalomid)	Antiangiogenic and immune-modifying drug; useful in multiple myeloma
Vorinostat (Zolinza)	Stops growth of cancer cells (histone deacetylase inhibitor); used in cutaneous T-cell lymphoma

Note: Brand names are in parentheses.



VOCABULARY

This list reviews many of the new terms introduced in the text. Short definitions reinforce your understanding of the terms. Refer to the Pronunciation of Terms section, p. 841 for help with unfamiliar or difficult words.

adjuvant therapy	Assisting primary treatment. Drugs are given early in the course of treatment, along with surgery or radiation to attack deposits of cancer cells that may be too small to be detected by diagnostic techniques.
alkylating agents	Synthetic chemicals containing alkyl groups that attack DNA, causing strand breaks.
anaplasia	Loss of differentiation of cells; reversion to a more primitive cell type.
angiogenesis	Process of forming new blood vessels.
antibiotics	Chemical substances, produced by bacteria or primitive plants. They inhibit the growth of cells and are used in cancer chemotherapy.
antimetabolites	Chemicals that prevent cell division by inhibiting formation of substances necessary to make DNA; used in cancer chemotherapy.
antimitotics	Drugs that block mitosis (cell division). Taxol is an antimitotic used to treat breast and ovarian cancers.
apoptosis	Programmed cell death. (Apo- means off, away; -ptosis means to fall.) Normal cells undergo apoptosis when damaged or aging. Some cancer cells have lost the ability to undergo apoptosis, and they live forever.
benign tumor	Noncancerous growth (neoplasm).
biological response modifiers	Substances produced by normal cells that either directly block tumor growth or stimulate the immune system to fight cancer.
biological therapy	Use of the body's own defenses to destroy tumor cells.
brachytherapy	Radiotherapy that uses insertion of sealed containers into body cavities or radioactive seeds directly into the tumor.
carcinogens	Agents that cause cancer: chemicals and drugs, radiation, and viruses.
carcinoma	Cancerous tumor made up of cells of epithelial origin.
cellular oncogenes	Pieces of DNA that, when activated by mutations or by dislocation, can cause a normal cell to become malignant.
chemotherapy	Treatment with drugs.
combination chemotherapy	Use of several chemotherapeutic agents together for the treatment of tumors.
dedifferentiation	Loss of differentiation of cells; reversion to a more primitive, embryonic cell type; anaplasia or undifferentiation.
deoxyribonucleic acid (DNA)	Genetic material within the nucleus of a cell; controls cell division and protein synthesis.
differentiating agents	Drugs that promote tumor cells to differentiate, stop growing, and die.
differentiation	Specialization of cells.

electron beams	Low-energy beams of radiation for treatment of skin or surface tumors.
encapsulated	Surrounded by a capsule; benign tumors are encapsulated.
external beam irradiation	Applying radiation to a tumor from a source outside the body.
fields	Dimensions of the area of the body undergoing irradiation.
fractionation	Giving radiation in small, repeated doses.
genetic screening	Family members are tested to determine whether they have inherited a cancer-causing gene.
grading of tumors	Evaluating the degree of maturity of tumor cells or indication of malignant transformation.
gray (Gy)	Unit of absorbed radiation dose.
gross description of tumors	Visual appearance of tumors to the naked eye: cystic, fungating, inflammatory, medullary, necrotic, polypoid, ulcerating, or verrucous.
infiltrative	Extending beyond normal tissue boundaries into adjacent tissues.
invasive	Having the ability to enter and destroy surrounding tissue.
irradiation	Exposure to any form of radiant energy such as light, heat, or x-rays.
linear accelerator	Large electronic device that produces high-energy x-ray beams for treatment of deep-seated tumors.
malignant tumor	A tumor having the characteristics of continuous growth, invasiveness, and metastasis.
mesenchymal	Embryonic connective tissue (mes = middle, enchym/o = to pour). This is the tissue from which connective tissues (bone, muscle, fat, cartilage) arise.
metastasis	Spread of a malignant tumor to a secondary site; literally, beyond (meta-) control (-stasis).
microscopic description of tumors	Appearance of tumors when viewed under a microscope: alveolar, carcinoma in situ, diffuse, dysplastic, epidermoid, follicular, papillary, pleomorphic, scirrhous, or undifferentiated.
mitosis	Replication of cells; a stage in a cell's life cycle involving the production of two identical cells from a parent cell.
mixed-tissue tumors	Tumors composed of different types of tissue (epithelial as well as connective tissue).
modality	Method of treatment, such as surgery, chemotherapy, or irradiation.
molecularly targeted drugs	Anticancer drugs designed to block the function of growth factors, their receptors, and signaling pathways in specific tumor cells.
morbidity	Condition of being unwell or deficient in normal function.
mucinous	Containing mucus.
mutation	Change in the genetic material (DNA) of a cell; may be caused by chemicals, radiation, or viruses or may occur spontaneously.
neoplasm	New growth; benign or malignant tumor.
nucleotide	Unit of DNA (gene) composed of a sugar, phosphate, and a base. The sequence or arrangement of nucleotides on a gene is the genetic code.

oncogene	Region of DNA in tumor cells (cellular oncogene) or in viruses that cause cancer (viral oncogene). Oncogenes are designated by a three-letter name, such as <i>abl</i> , <i>erb</i> , <i>jun</i> , <i>myc</i> , <i>ras</i> , and <i>src</i> .
palliative	Relieving but not curing symptoms.
pedunculated	Possessing a stem or stalk (peduncle); characteristic of some polypoid tumors.
photon therapy	Radiation therapy using energy in the form of x-rays or gamma rays.
protocol	Detailed plan for treatment of an illness.
proton therapy	Subatomic positively charged particles (protons) produced by a cyclotron deposit a dose of radiation at a tightly focused point in the body.
radiation	Energy carried by a stream of particles.
radiocurable tumor	Tumor that is destroyed by radiation therapy.
radioresistant tumor	Tumor that requires large doses of radiation to be destroyed.
radiosensitive tumor	Tumor in which radiation can cause the death of cells without serious damage to surrounding tissue.
radiosensitizers	Drugs that increase the sensitivity of tumors to x-rays.
radiotherapy	Treatment of tumors using doses of radiation; radiation oncology.
relapse	Recurrence of tumor after treatment.
remission	Partial or complete disappearance of symptoms of disease.
ribonucleic acid (RNA)	Cellular substance that represents a copy of DNA and directs the formation of new protein inside cells.
sarcoma	Cancerous tumor derived from connective or flesh tissue.
serous	Having the appearance of a thin, watery fluid (serum).
sessile	Having no stem; characteristic of some polypoid tumors.
simulation	Study using CT scan or MRI to map treatment before with radiotherapy is given.
solid tumor	Tumor composed of a mass of cells.
staging of tumors	System of evaluating the extent of spread of tumors. An example is the TNM (tumor-node-metastasis) system.
stereotactic radiosurgery	Delivery of dose of radiation under stereotactic (highly precise) guidance (Gamma Knife surgery).
steroids	Complex, naturally occurring chemicals derived from cholesterol. Some are used in cancer chemotherapy.
surgical procedures to treat cancer	Methods of removing cancerous tissue: cryosurgery, cauterization, en bloc resection, excisional biopsy, exenteration, fulguration, incisional biopsy.
viral oncogenes	Pieces of DNA from viruses that infect a normal cell and cause it to become malignant.
virus	An infectious agent that reproduces by entering a host cell and using the host's genetic material to make copies of itself.



TERMINOLOGY

Write the meanings of the medical terms in the spaces provided.

COMBINING FORMS

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
alveol/o	small sac	<u>alveolar</u> _____ <i>Microscopic description of tumor cell arrangement (found in connective tissue tumors).</i>	
cac/o	bad	<u>cachexia</u> _____ <i>General ill health and malnutrition (wasting of muscle and emaciation) associated with chronic, severe disease (-hexia means state or condition).</i>	
carcin/o	cancer, cancerous	<u>carcinoma in situ</u> _____ <i>Localized cancer; confined to the site of origin.</i>	
cauter/o	burn, heat	electro <u>cauterization</u> _____	
chem/o	chemical, drug	<u>chemotherapy</u> _____	
cry/o	cold	<u>cryosurgery</u> _____	
cyst/o	sac of fluid	<u>cystic tumor</u> _____	
fibr/o	fibers	<u>fibrosarcoma</u> _____	
follicul/o	small glandular sacs	<u>follicular</u> _____ <i>A microscopic description of cellular arrangement in glandular tumors.</i>	
fung/i	fungus, mushroom	<u>fungating tumor</u> _____	
medull/o	soft, inner part	<u>medullary tumor</u> _____	
mucos/o	mucous membrane	<u>mucositis</u> _____	
mut/a	genetic change	<u>mutation</u> _____ <i>-tion means process.</i>	
mutagen/o	causing genetic change	<u>mutagenic</u> _____	
necr/o	death	<u>necrotic tumor</u> _____	

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
neur/o	nerve	<u>neuro</u> fibromatosis _____ <i>Fibromas are tumors of fibrous connective tissue. Tumors begin in supporting cells of nerves and the myelin sheath around nerve cells. Most tumors are benign but some may become cancerous. It is a genetic disorder occurring in 1 in 3000 births, but some cases arise via spontaneous mutation.</i>	
onc/o	tumor	<u>onc</u> ology _____	
papill/o	nipple-like	<u>papill</u> ary _____ <i>A microscopic description of tumor cell growth.</i>	
plas/o	formation	<u>dyspl</u> astic _____ <i>Microscopic description of cells that are highly abnormal but not clearly cancerous. The suffix -tic means pertaining to.</i>	
ple/o	many, more	<u>pleo</u> morphic _____ <i>Microscopic description of tumors that are composed of a variety of cells.</i>	
polyp/o	polyp	<u>polyp</u> oid tumor _____ <i>The suffix -oid means resembling.</i>	
prot/o	first	<u>prot</u> ocol _____ <i>The ending -col, from Latin kolla, means glued page. A protocol is a written plan detailing the procedures to be followed in research or treatment.</i>	
radi/o	rays	<u>radi</u> ation _____ <i>Use of radioactive substances in the diagnosis and treatment of disease. Irradiation is exposure to any form of radiation (ionizing, heat, light, or x-rays).</i>	
sarc/o	flesh, connective tissue	osteos <u>sarc</u> oma _____	
scirr/h/o	hard	<u>scirr/h</u> ous _____ <i>Microscopic description of densely packed, fibrous tumor cell composition.</i>	
xer/o	dry	<u>xer</u> ostomia _____	

SUFFIXES

SUFFIX	MEANING	TERMINOLOGY	MEANING
-blastoma	immature tumor	<u>retinoblastoma</u> _____ <i>Childhood cancer arising from immature cells in the retina (posterior, light-sensitive area of the eye).</i>	
		<u>neuroblastoma</u> _____ <i>This sarcoma of nervous system origin affects infants and children up to the age of 10 years, usually arising in immature tissues of the autonomic nervous system or adrenal medulla.</i>	
-genesis	formation	<u>angiogenesis</u> _____	
-oma	mass, tumor	<u>adenocarcinoma</u> _____	
-plasia	formation, growth	<u>hyperplasia</u> _____	
-plasm	formation, growth	<u>neoplasm</u> _____	
-suppression	to stop	<u>myelosuppression</u> _____	
-therapy	treatment	<u>radiotherapy</u> _____ <i>Ionizing radiation is used to treat malignancies.</i>	

PREFIXES

PREFIX	MEANING	TERMINOLOGY	MEANING
ana-	backward	<u>anaplasia</u> _____	
apo-	off, away	<u>apoptosis</u> _____	
brachy-	short (distance)	<u>brachytherapy</u> _____ <i>Radiation delivered in close range to tumor site.</i>	
epi-	upon	<u>epidermoid</u> _____ <i>Microscopic description of tumor cells that resemble epidermal tissue.</i>	
meta-	beyond; change	<u>metastasis</u> _____	
		<u>metaplasia</u> _____ <i>Abnormal transformation of adult differentiated cells to differentiated tissue of another kind. This change is reversible. An example is the change (from columnar epithelial cells to squamous epithelial cells) that occurs in the respiratory epithelium of habitual cigarette smokers.</i>	
tele-	far	<u>teletherapy</u> _____ <i>Also called external beam radiotherapy.</i>	

LABORATORY TESTS

cytogenetic analysis

Chromosomes of normal or tumor cells are examined for breaks, translocations, or deletions of DNA.

The results of cytogenetic analysis can help confirm the diagnosis of a particular form of leukemia or other cancer.

immunohistochemistry

Localizing antigens or proteins in tissues using labeled (colored or fluorescent) antibodies.

This technique allows for evaluation of the presence and amount of specific molecules in normal and tumor cells.

protein marker tests

Measure the level of proteins in the blood or on the surface of tumor cells.

These tests diagnose cancer or detect its recurrence after treatment. Examples are:

Protein	Where Measured	Type of Cancer
acid phosphatase	blood	prostate
alpha-fetoprotein (AFP)	blood	liver, testicular
beta-hCG	blood	choriocarcinoma, testicular
CA-125	blood	ovarian
CEA (carcinoembryonic antigen)	blood	colorectal, GI
estrogen receptor	tumor cells	breast
PSA (prostate-specific antigen)	blood	prostate
15.3 and 29.7	blood	breast
19.9	blood	pancreatic

CLINICAL PROCEDURES

The following are specialized procedures used to detect or treat malignancies. X-rays, CT scans, MRI, and ultrasound imaging (described throughout the text and specifically in Chapter 20) also are important diagnostic procedures in oncology.

bone marrow biopsy

Aspiration of bone marrow tissue and examination under a microscope for evidence of malignant cells.

bone marrow or stem cell transplantation

Bone marrow or stem cells are infused intravenously into a patient.

In **autologous marrow transplantation**, marrow previously obtained from the patient and stored is reinfused when needed. In **allogeneic marrow transplantation** (all/o = other), marrow is obtained from a living donor other than the recipient. In **peripheral blood stem cell transplantation**, immature blood cells called stem cells are selected and harvested from the blood of a patient instead of from the bone marrow. After undergoing chemotherapy, the patient gets a reinfusion of the stem cells to repopulate the bone marrow with blood cells.

core needle biopsy

Insertion of a large-bore needle into tissue to remove a core of cells for microscopic examination.

A needle (aspiration) biopsy is the insertion of a fine needle and aspiration (extraction) of a sample from a fluid-filled cavity or solid mass of tumor.

exfoliative cytology

Cells are scraped from the region of suspected disease and examined under a microscope.

The Pap test (smear) to detect carcinoma of the cervix and vagina is an example (Figure 19-14).

fiberoptic colonoscopy

Visual examination of the colon using a fiberoptic instrument.

This is an important screening procedure using an endoscope to detect cancer and remove premalignant polyps.

laparoscopy

Visual examination of the abdominal cavity using small incisions and a laparoscope. Also known as peritoneoscopy.

mammography

X-ray examination of the breast to detect breast cancer.

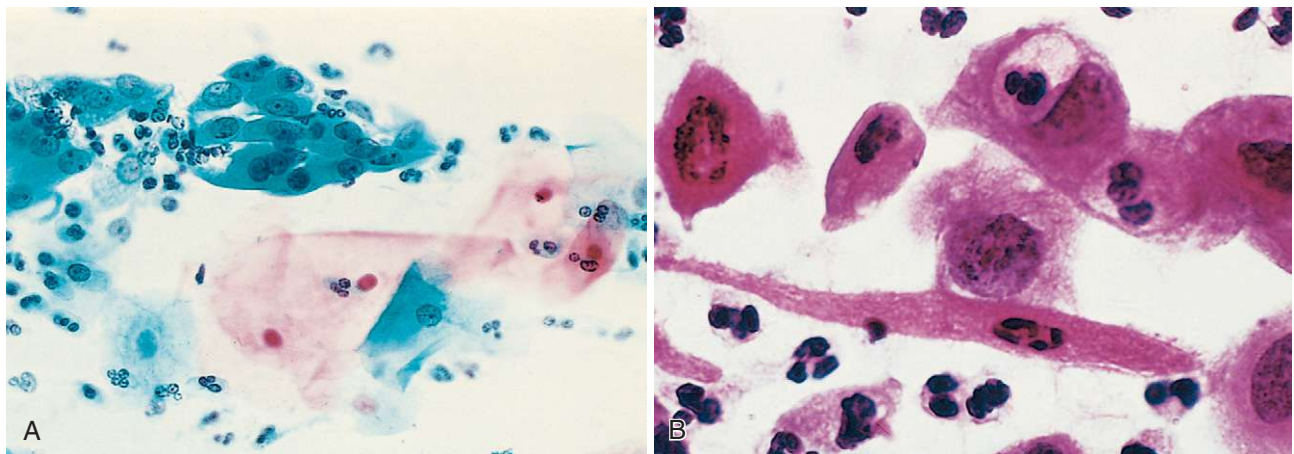


FIGURE 19-14 A, Normal exfoliative cytological smear (Pap smear) from the cervicovaginal region. It shows flattened squamous cells and some neutrophils as well. B, Abnormal cervicovaginal smear shows numerous malignant cells that have pleomorphic (irregularly shaped) and hyperchromatic (stained) nuclei. (A and B, Courtesy Dr. P.K. Gupta, Department of Pathology and Laboratory Medicine, University of Pennsylvania Medical Center, Philadelphia.)

PET/CT scan

Diagnostic procedure combining CT (computed tomography) and PET (positron emission tomography).

The combination provides a more complete picture of a tumor's location and growth or spread than either done independently. See Figure 19-15. PET/CT uses a combination of two machines: one to examine chemical reactions (PET scan) and the other to examine physical structures (CT scan).

radionuclide scans

Radioactive substances (radionuclides) are injected intravenously, and scans (images) of organs are obtained.

These tests detect tumor and metastases. Examples of radionuclides are gallium-67 (whole-body scan), rose Bengal (liver), and technetium-99m (liver and spleen).



FIGURE 19-15 PET/CT scan. The PET/CT scan captures three areas of increased radioactivity, in the lymph nodes of the left axilla (armpit). By overlaying PET and CT images, physicians can identify spread of malignancy or metastasis. (Courtesy Massachusetts General Hospital, Boston, Massachusetts.)



ABBREVIATIONS

AFP	alpha-fetoprotein	IGRT	intensity-modulated gated radiation therapy—use of imaging mechanism attached to linear accelerator is added to IMRT to gate (track) a tumor moving during respiration
ATRA	all- <i>trans</i> retinoic acid—treatment for acute myelogenous leukemia	IHC	immunohistochemistry
BMT	bone marrow transplantation	IMRT	intensity-modulated radiation therapy—high doses of radiation are delivered directly to cancer cells in a targeted way, more precisely than in conventional radiotherapy
bx	biopsy	IORT	intraoperative radiation therapy
CA	cancer	Mets	metastases
CEA	carcinoembryonic antigen	MoAb	monoclonal antibody
cGy	centigray (one hundredth of a gray) or rad	NED	no evidence of disease
chemo	chemotherapy	NF	neurofibromatosis
CR	complete response—disappearance of all tumor	NHL	non-Hodgkin lymphoma
CSF	colony-stimulating factor—examples: G-CSF (granulocyte colony-stimulating factor) and GM-CSF (granulocyte-macrophage colony-stimulating factor)	NSCLC	non-small cell lung cancer
DES	diethylstilbestrol	Pap smear	Papanicolaou smear
DNA	deoxyribonucleic acid	PD	progressive disease—tumor increases in size
EGFR	epidermal growth factor receptor	PR	partial response—tumor is one half its original size
ER	estrogen receptor	prot.	protocol
EPO	erythropoietin; promotes growth of red blood cells	PSA	prostate-specific antigen
FNA	fine needle aspiration	PSCT	peripheral stem cell transplantation
5-FU	5-fluorouracil	PSRS	proton stereotactic radiosurgery
Ga	gallium	RNA	ribonucleic acid
GIST	gastrointestinal stromal tumor	RT	radiation therapy
Gy	gray—unit of absorbed radiation dose	SD	stable disease—tumor does not shrink but does not grow
H&E	hematoxylin and eosin—a dye combination used to stain pathology specimens	TNM	tumor-nodes-metastases
HER2-neu	growth factor gene highly activated in cells of certain types of breast cancer	VEGF	vascular endothelial growth factor
HNPCC	hereditary non-polyposis colorectal cancer	XRT, RT	radiation therapy



IN PERSON: RADIOTHERAPY

This first-person narrative describes a woman experiencing radiation therapy for breast cancer.

THE GOOD, THE BAD AND THE UGLY

My life changed forever when I got that phone call that no one wants to hear, “your biopsy is malignant.” (See Mary’s In Person piece in Chapter 8 describing the biopsy procedure.) So after they tell you that you have cancer, you are scared to death, begin to contemplate your mortality, and wonder how to break the news to your husband, children, loved ones and friends. You settle down, and marshal up your strength to fight this beast that attacks too many of us.

After my biopsy, I met with a team that included my surgeon, my radiation oncologist and my medical oncologist. It was decided that the best course of action was to perform a lumpectomy to remove the malignant tissue in my breast. At the same time, I would also have a sentinel node biopsy to check for lymphatic invasion. Surgery would be followed by a course of radiation therapy and then a 5-year regimen of the drug Tamoxifen.

Approximately three weeks after the surgery, which went very well thanks to my breast surgeon, I met with my radiation oncologist. She explained all the benefits and risks associated with radiation. She and her assistant exemplified one of the nicest things you can say about your doctors: their bedside manner. It was calming, supportive, and reassuring. We had a brief conversation as to the mechanics of beginning this phase of my treatment. Then I signed a very scary 4-page list of the minor and major side effects that could occur as a consequence of treatment.

I left their office and went home to clear my calendar, because every week for the next few weeks I would have to show up at the same time, same place, five days a week. For those of you who work full time as I do, it is a major disruption to your life. Even if you don’t work full time, it is a hassle driving to the hospital, waiting for treatment and dealing with delays because the machines malfunction, etc. On my first appointment I did not receive any radiation. Instead, the technicians (with whom you will develop a close relationship), create your cradle. This is a mold that will hold you in the exact position for all of your treatments. After extensive calculations, I was marked on both sides of my body with a special kind of indelible ink. It was sort of a circle with an “x” in the middle, vaguely resembling an ancient hieroglyph. I also received a small permanent tattoo on the middle of my breast bone, which enables the machine to correctly target the beams.

THE FIRST TIME

Ever since I was a small child I have loved science fiction books and movies. My first experience with radiation reminded me of a true classic in that genre. Radiation treatment is very regimented; by that I mean they are on a very strict schedule. My daily time was 10:30 AM. This means that each day you should arrive 15 minutes early so that you can check in (they make a little plastic credit card for you to swipe when you come into to the main room and then go into the waiting area). Once you are in the waiting area, one of the technicians will come over and take your card, you will go to a locker room and change into a gown and come back and wait your turn to enter the chamber of horrors.



I had no idea what to expect as I was led into this cavernous room. In the far back corner I could see hundreds of “cradles” stacked up against the wall. They positioned me into my cradle on this bed; then they started to calibrate the machine against the markings on my body. When all the bodily GPS was in sync, they all scurried out of the room and went behind the giant lead walls (the cowards). When I was first ushered into the room the door was open. Now the door slowly started sliding shut and it sounded like a hundred heavy garage doors grinding across the floor. That door must have weighed several tons. After what seemed an eternity, a series of strange clicking noises commenced and the giant circular machine that hovered over me began to move closer, gyrating slowly back and forth until it was properly fixed. Suddenly a red sign began flashing on the wall warning that radiation was in progress. A huge pulse of light shot out and a humming sound began. The machine gradually rotated, irradiating different sections of my body. It only lasted about ten minutes, which was quite a relief. I was afraid I would be in there a long time. The technicians scattered back in, helped me out of my cradle and off I went to the locker room to change.

THE UGLY

As you can imagine this routine begins to wear on you. Fatigue from the radiation began to increase slowly, and redness appeared like a mild sunburn on the irradiated areas. Starting with the second week of treatment, my skin became extremely itchy and I developed folliculitis (inflammation of hair follicles). I applied cream twice a day, which helped, but didn’t offer much relief.

I must say that the most disconcerting aspect of radiation treatment involved the daily routine and not the actual radiation itself. Patients must adhere to a strict schedule, and this means that you get to know the patients ahead of and behind you. They were my radiation buddies. During the course of my treatment, I met several very brave men and women, most of them with cancers more serious than my own. Sadly, at least two of my friends are no longer with us. One was a young woman in her mid-thirties with two small children. She suffered from bone cancer and was having palliative radiation. The cruelty and unfairness of life sat next to me every day. After my first week of treatment, I left the hospital and said to my friend, “I may have breast cancer, but after meeting all these people, I feel like one of the luckiest people in the world.”

TREATMENT ENDS

It seemed like forever, but finally the day came for me to ring the bell. At Hopkins, on the last day of your treatment, you walk into the main hall and ring what looks like a small fire bell. Then you have your picture taken with one of your technicians. I thought it was over, but not quite! My oncologist explained to me that although the treatments were over, the effects of the radiation would keep working in my body. I called it the “gift that just keeps giving.” Two weeks after my procedure ended, my skin broke down with blisters and bleeding in the worst possible places, the skin under my breast. Being a large breasted woman this was a horrid complication. Trying to wear a bra was out of the question until it finally healed. I didn’t want to go to my office braless and my collection of underwire brassieres would have rubbed right against the raw part of my skin. I bought some very loose fitting tops and did a lot of work from home. Shooting pains would occur from the radiation, setting off nerve fibers, subsiding each month.

I am amazed at what my journey revealed. Most of all, it taught me about how wonderful friends can be, how much of a difference support groups can make, and why dedicated medical professionals deserve so much thanks and praise. A very lovely woman I met along the way shared some wisdom that I will pass along to all of you reading my story. She said, “At first cancer is your whole world, then it becomes a room, then it becomes a drawer in that room, and then it becomes a box in the drawer.” I still take that box out once in a while, but not as often.

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PRACTICAL APPLICATIONS

Answers to questions are on page 840.

FYI: OTHER MALIGNANT TUMORS

A number of malignant tumors do not contain the combining form carcin/o or sarc/o in their names:

MALIGNANT TUMOR	DESCRIPTION
glioma	primary brain tumor
hepatoma	liver tumor (hepatocellular carcinoma)
hypernephroma	kidney tumor
lymphoma	lymph node tumor
melanoma	tumor of pigmented skin cells
mesothelioma	tumor of cells within the pleura
multiple myeloma	bone marrow cell tumor
thymoma	thymus gland tumor

QUESTIONS ABOUT FYI: OTHER MALIGNANT TUMORS

1. Which tumor develops from a dysplastic nevus? _____
2. Which tumor arises from an organ located within the mediastinum? _____
3. Which tumor arises from an organ in the RUQ of the abdomen? _____
4. Which tumor has types called astrocytoma, ependymoma, glioblastoma multiforme?

5. Which tumor is also known as a renal cell carcinoma? _____
6. Which tumor is characterized by large numbers of plasma cells (bone marrow antibody-producing cells)? _____
7. Which tumor arises from membrane cells surrounding the lungs? _____
8. Which tumor has a type known as Hodgkin disease? _____

CASE STUDY: SUSPECTED BREAST CANCER

A 52-year-old married woman presented to her physician with a painless mass in her left breast. During breast examination a 1.0-cm, firm, nontender mass was palpated in the upper outer quadrant located at the 2 o'clock position, 3 cm from the areola. The mass was not fixed to the skin, and there was no cutaneous erythema or edema. No axillary or supraclavicular lymphadenopathy was noted.

An excisional biopsy of the mass was performed. The pathology report described a gross specimen of fatty breast tissue. Microscopic evaluation of the nodule revealed an invasive ductal carcinoma. The margins of the lumpectomy specimen were free of tumor. Sentinel node biopsy revealed no tumor involvement.

A portion of the specimen was sent for estrogen receptor assay and proved to be positive. The patient was informed of the diagnosis and underwent additional studies, including chest x-ray, liver chemistries, CBC, and bone scan; all results were negative.

The patient was staged as having a T1N0M0, stage I carcinoma of the left breast. She was referred to a radiation oncologist for primary radiation therapy. After completion of radiotherapy, she was treated with tamoxifen. Prognosis is excellent for cure.

Questions about the Case Study

- Where was the primary breast lesion located?
 - Under the pigmented area of the breast
 - About an inch and a half above and to the left of the nipple and pigmented area
 - Near the axilla and under the shoulder blade
- Other associated findings were
 - Redness and swelling
 - Enlarged lymph nodes under the armpit
 - None of the above
- The tumor was composed of
 - Dense connective tissue surrounding the tumor cells, giving it a hard structure
 - Glandular tumor with invasion of surrounding tissue
 - Cells that had extended into the skin overlying the tumor
- What procedure gave evidence that the tumor had not yet metastasized?
 - Estrogen receptor assay
 - Excisional biopsy of the mass
 - Sentinel node biopsy
- What additional therapy was undertaken?
 - Bone scan, liver chemistries, CBC, and chest x-ray
 - Radiation to the breast
 - Radiation to the breast and then treatment with an estrogen blocker
- Tamoxifen was prescribed because
 - The tumor was found to be nonresponsive to estrogen
 - The tumor was found to be stimulated by estrogen, and tamoxifen is an antiestrogen
 - The tumor was at an advanced stage

CHART ROUNDS REVIEW: CENTER FOR RADIATION ONCOLOGY

Patient A has metastatic lung carcinoma, with severe chest pain on deep breathing, and is being treated palliatively with 3000 cGy to the mid- and upper thorax.

Patient B is being treated for esophageal carcinoma. Because of previous treatment for breast cancer, the radiation dose to the recurrent field is limited to 3000 cGy.

Patient C is being treated for a pathologic stage IIB Hodgkin disease following the mantle [upper chest and neck]-only protocol.

Patient D is being treated for a GBM [glioblastoma multiforme]. The plan needs to be signed. The films look fine.

Questions about the Chart Rounds Review

1. Which patient is being treated for a brain tumor?
2. Which patient is being treated for lesions in the ribs?
3. Which patient has disease in cervical and thoracic lymph nodes?
4. Which patient is being treated for gastrointestinal cancer?

PATHOLOGY REPORT: RESECTED SPLEEN, GROSS DESCRIPTION

The spleen weighs 127 grams and measures 13.0×9.2 cm. External surface is smooth, leathery, homogeneous, and dark purplish brown. There are no defects in the capsule. The blood vessels of the hilum of the spleen are patent, with no thrombi or other abnormalities. On section of the spleen at 2- to 3-mm intervals, there are three well-defined, pale gray nodules on the cut surface, ranging from 0.5 to 1.1 cm in greatest dimension. The remainder of the cut surface is homogeneous and dark purple, and the tissue consistency is firm. *Possible diagnosis:* Hodgkin disease.

Question about the Pathology Report

1. Which information leads the pathologist to the diagnosis of metastatic cancer?
 - a. Blood clots in patent blood vessels
 - b. Capsular defects
 - c. Uniform, smooth surface
 - d. Examination of the spleen showed abnormal growth

SHORT HISTORIES

As you read these actual patient histories, congratulate yourself on your understanding of medical terms!

1. A 28-year-old man feels a hard, non-tender mass in his right testicle. He goes to his doctor, who checks his serum human chorionic gonadotropin and alpha fetoprotein levels and finds both quite elevated. The tentative diagnosis is a germ cell tumor of the testis. A CT scan of the abdomen reveals extensive lymphadenopathy. A chest CT shows nodes in both lungs suggestive of tumor. An orchiectomy confirms the diagnosis of testicular cancer. He is given four cycles of chemotherapy with vinblastine, cisplatin, and bleomycin and his serum AFP and HCG markers return to normal. His CT scans reveal no evidence of residual tumor.
2. A 42-year-old woman notices repeated episodes of red blood in her stool with each bowel movement. A colonoscopy reveals a 4-cm mass arising from the epithelium of the rectum. A biopsy demonstrates a rectal adenocarcinoma. An abdominal CT shows two large metastases in the liver and enlarged lymph nodes. She first receives 4 cycles of chemotherapy, which cause the liver lesions to shrink significantly and the lymph nodes to regress. The remaining liver lesions are surgically resected. Radiation therapy with chemotherapy (5-fluorouracil) is then administered to shrink the rectal tumor and lymph nodes, after which the rectal mass shrinks to a small 1-cm nodule. This is resected surgically. The lymph nodes are removed and contain no tumor.
3. A 62-year-old man has a routine PSA drawn. It is elevated at 5.8 (normal is less than 4.0). A transrectal biopsy of the prostate reveals a Gleason grade 6 adenocarcinoma in 4 of 12 biopsy pieces. He chooses to be treated with brachytherapy. Treatment causes dysuria, cystitis, and proctitis, but these symptoms disappear three weeks after therapy ends, and his PSA is now undetectable.



EXERCISES

Remember to check your answers carefully with those given in the Answers to Exercises, page 839.

A Identify the following characteristics of malignant tumors based on their definitions as given below. Word parts are given as clues.

1. loss of differentiation of cells and reversion to a more primitive cell type:
ana _____
2. extending beyond the normal tissue boundaries: in _____
3. having the ability to enter and destroy surrounding tissue: in _____
4. spreading to a secondary site: meta _____

B Match the following terms or abbreviations with their meanings below.

chemical carcinogen	mitosis	RNA
DNA	mutation	ultraviolet radiation
ionizing radiation	oncogene	virus

1. replication of cells; two identical cells are produced from a parent cell _____
2. change in the genetic material of a cell _____
3. genetic material within the nucleus that controls replication and protein synthesis

4. cellular substance (ribonucleic acid) that is important in protein synthesis

5. rays given off by the sun; can be carcinogenic _____
6. energy carried by a stream of particles from a radioactive source; can be carcinogenic

7. infectious agent that reproduces by entering a host cell and using the host's genetic material to make copies of itself _____
8. a region of genetic material found in tumor cells and in viruses that cause cancer

9. an agent (hydrocarbon, insecticide, hormone) that causes cancer _____

C Give the meanings of the following terms.

1. solid tumor _____
2. adenoma _____
3. adenocarcinoma _____
4. osteoma _____

5. osteosarcoma _____
6. mixed-tissue tumor _____
7. neoplasm _____
8. neurofibromatosis _____
9. benign _____
10. differentiation _____

D Name the terms that describe tumor growth as seen through a microscope. Definitions and word parts are given.

1. small nipple-like projections: pap_____
2. abnormal formation of cells: dys_____
3. localized growth of cells: carcin_____
4. densely packed; containing fibrous tissue: _____ous
5. pattern resembling small, microscopic sacs: alv_____
6. small, round, gland-type clusters: foll_____
7. variety of cell types: pleo_____
8. lacking structures typical of mature cells: un_____
9. spreading evenly throughout the tissue: di_____
10. resembling epithelial cells: epiderm_____

E Match the following gross descriptions of tumors with their meanings as given below.

cystic	medullary	ulcerating
fungating	necrotic	verrucous
inflammatory	polypoid	

1. containing dead tissue _____
2. mushrooming pattern of growth: tumor cells pile on top of each other _____
3. characterized by large, open, exposed surfaces _____
4. characterized by redness, swelling, and heat _____
5. growths are projections from a base; sessile and pedunculated tumors are examples

6. tumors form large, open spaces filled with fluid; serous and mucinous tumors are examples

7. tumors resemble wart-like growths _____
8. tumors are large, soft, and fleshy _____

F Circle or supply the appropriate medical terms.

1. A (**carcinoma/sarcoma**) is a cancerous tumor composed of cells of epithelial tissue. An example of such a cancerous tumor is a/an _____.
2. A (**carcinoma/sarcoma**) is a cancerous tumor composed of connective tissue. An example of such a cancerous tumor is a/an _____.
3. Retinoblastoma and adenomatous polyposis coli syndrome are examples of (**chemical carcinogens/inherited cancers**).
4. The assessment of a tumor's degree of maturity or microscopic differentiation is (**grading/staging**) of the tumor.
5. The assessment of a tumor's extent of spread within the body is known as (**grading/staging**).
6. In the TNM staging system, T stands for (**tissue/tumor**), N stands for (**node/necrotic**), and M stands for (**mitotic/metastasis**).
7. The transformation of adult, differentiated tissue to differentiated tissue of another type is called (**metaplasia/anaplasia**).
8. The formation of new blood vessels is known as (**apoptosis/angiogenesis**).

G Match the surgical procedure in Column I with its meaning in Column II. Write the letter of the meaning in the space provided.

COLUMN I

1. fulguration _____
2. en bloc resection _____
3. incisional biopsy _____
4. excisional biopsy _____
5. cryosurgery _____
6. cauterization _____
7. exenteration _____

COLUMN II

- A. removal of tumor and a margin of normal tissue for diagnosis and possible cure of small tumors
- B. burning a lesion to destroy tumor cells
- C. wide resection involving removal of tumor, its organ of origin, and surrounding tissue in the body space
- D. destruction of tissue by electric sparks generated by a high-frequency current
- E. removal of entire tumor and regional lymph nodes
- F. freezing a lesion to kill tumor cells
- G. cutting into a tumor and removing a piece to establish a diagnosis

H Give medical terms for the following.

1. The method of treating cancer using high-energy radiation is _____.
2. If tumor tissue requires large doses of radiation to kill cells, it is a/an _____ tumor.
3. If radiation can cause loss of tumor cells without serious damage to surrounding regions, the tumor is _____.
4. A tumor that can be completely eradicated by RT is a/an _____ tumor.
5. The method of giving radiation in small, repeated doses is _____.
6. Drugs that increase the sensitivity of tumors to x-rays are _____.

7. Treatment of cancerous tumors with drugs is _____.
8. Benign tumors of supportive cells in nervous system are _____.
9. The use of two or more drugs to kill tumor cells is _____.
10. A large electronic device that produces high-energy x-ray or photon beams for treatment of deep-seated tumors is a/an _____.
11. Alkylating agents, antimetabolites, hormones, antibiotics, and antimitotics all are types of _____ agents.
12. Implantation of seeds of radioactive material directly into a tumor is _____.
13. The unit of absorbed radiation dose is _____.
14. Radiation applied to a tumor from a distant source is _____.
15. Technique in which subatomic positively charged particles produced by a cyclotron deposit a dose of radiation at a tightly focused point is _____.
16. The dimension of the area of the body that receives radiation is a/an _____.
17. Study performed before RT using CT or MRI to map treatment is _____.
18. Technique in which a single large dose of radiation is delivered under precise 3D guidance to destroy vascular abnormalities and small brain tumors is _____.

I Match each of the following side effects of radiotherapy and chemotherapy with its description or treatment described below.

alopecia
fibrosis
infertility

myelosuppression
nausea
oral mucositis

pneumonitis
secondary tumors
xerostomia

1. Ulceration of lining cells in the mouth caused by radiation to the jaw _____
2. Radiation to the lungs causes inflammation of the lungs _____
3. Chemotherapy for ovarian cancer causes loss of hair on the head _____
4. Bone marrow destruction with leukopenia, anemia, and thrombocytopenia _____
5. Radiation to the lungs causes increase in connective tissue _____
6. Radiation of salivary glands causes dryness of the mouth _____
7. Chemotherapy may cause this sensation leading to vomiting _____
8. New type of growths arise at a site separate from the primary tumor _____
9. Inability to contribute to conception of a child _____

J Give the meanings of the following medical terms.

1. modality _____
2. adjuvant therapy _____
3. protocol _____
4. remission _____
5. relapse _____
6. morbidity _____
7. biological therapy _____
8. biological response modifiers _____
9. interferon _____
10. monoclonal antibodies _____
11. apoptosis _____
12. cachexia _____
13. differentiating agents _____
14. molecularly targeted drugs _____
15. nucleotide _____

K Match the test or procedure with its description below.

beta-HCG test
bone marrow biopsy
CA-125
CEA test

core needle biopsy
estrogen receptor assay
exfoliative cytology

laparoscopy
PSA test
stem cell transplant

1. test for the presence of a portion of human chorionic gonadotropin hormone (a marker for testicular cancer) _____
2. protein marker for ovarian cancer detected in the blood _____
3. visual examination of the abdominal cavity; peritoneoscopy _____
4. test for the presence of a hormone receptor on breast cancer cells _____
5. removal of bone marrow tissue for microscopic examination _____
6. obtaining a plug of tissue for microscopic examination _____
7. blood test for the presence of an antigen related to prostate cancer _____
8. blood test for carcinoembryonic antigen (marker for GI cancer) _____
9. cells are scraped off tissue and microscopically examined _____
10. an intravenous infusion of blood-forming cells _____

L Circle the correct term to complete each sentence.

1. Pauline was diagnosed with a meningioma, which is usually a/an (**benign, anaplastic, necrotic**) tumor. The doctor told her that it was not malignant, but that it should be removed because of the pressure it was causing on the surrounding tissues.
2. Marlene underwent surgical resection of her breast mass. Dr. Smith recommended (**dedifferentiated, modality, adjuvant**) therapy because her tumor was large and she had one positive lymph node.
3. Unfortunately, at the time of diagnosis, the tumor had spread to distant sites because it was (**pleomorphic, metastatic, mutagenic**). The oncologist recommended beginning chemotherapy as soon as possible.
4. The polyp in Lisa's colon was **not** pedunculated, and Dr. Sidney described it as flat and (**fungating, scirrhous, sessile**).
5. Mr. Elder had difficulty urinating and had an elevated PSA test. Dr. Jones examined him and found a hard prostate gland. (**Laparoscopy, Electrocauterization, Biopsy**) demonstrated adenocarcinoma.
6. During the days following her chemotherapy for breast cancer, Doris experienced loss of appetite and (**fibrosis, nausea, xerostomia**). Blood tests revealed low levels of blood cells, indicating (**hematopoiesis, myeloma, myelosuppression**). Her physician prescribed (**EPO, VEGF, DES**) for anemia and (**Ca, cGy, G-CSF**) for leukopenia.
7. After Mr. Smith was diagnosed with lung cancer, his tumor was staged IIIA (**T1N0M0, T3N0M0, T1-3N2M0**). This indicated findings of (**tumor <3 cm diameter, distant metastases, tumor with involvement of ipsilateral hilar lymph nodes but no metastases**).
8. Mr. Smith's doctor told him he needed (**CA-125, XRT, PSA**) because his tumor was nonoperable and could not be (**resected, irradiated, electrocauterized**).

ANSWERS TO EXERCISES

A

1. anaplasia
2. infiltrative
3. invasive
4. metastasis

B

1. mitosis
2. mutation
3. DNA
4. RNA
5. ultraviolet radiation
6. ionizing radiation
7. virus
8. oncogene
9. chemical carcinogen

C

1. tumor composed of a mass of cells
2. tumor of glandular tissue (benign)
3. cancerous (malignant) tumor of glandular tissue
4. tumor of bone (benign)
5. flesh (connective tissue) tumor of bone (malignant)
6. tumor composed of different types of tissue (both epithelial and connective tissues)
7. new formation (tumor)
8. benign tumors of supportive tissue (neurofibromatosis)
9. noncancerous
10. specialization of cells

D

1. papillary
2. dysplastic
3. carcinoma in situ
4. scirrhous
5. alveolar
6. follicular
7. pleomorphic
8. undifferentiated
9. diffuse
10. epidermoid

E

1. necrotic
2. fungating
3. ulcerating
4. inflammatory
5. polypoid
6. cystic
7. verrucous
8. medullary

F

1. carcinoma; thyroid adenocarcinoma, squamous cell carcinoma
2. sarcoma; liposarcoma, chondrosarcoma, osteogenic sarcoma
3. inherited cancers
4. grading
5. staging
6. tumor; node; metastasis
7. metaplasia
8. angiogenesis

G

1. D
2. E
3. G
4. A
5. F
6. B
7. C

H

1. radiation therapy
2. radioresistant
3. radiosensitive
4. radiocurable
5. fractionation
6. radiosensitizers
7. chemotherapy
8. neurofibromatosis
9. combination chemotherapy
10. linear accelerator
11. chemotherapeutic agents
12. brachytherapy
13. gray
14. external beam radiation (teletherapy)
15. proton therapy
16. field
17. simulation
18. stereotactic radiosurgery

I

1. oral mucositis
2. pneumonitis
3. alopecia
4. myelosuppression
5. fibrosis
6. xerostomia
7. nausea
8. secondary tumors
9. infertility

J

- | | | |
|---|--|---|
| 1. method of treatment | 9. a biological response modifier that is made by lymphocytes | 13. drugs that promote tumor cells to differentiate (mature), stop growing, and die |
| 2. assisting treatment | 10. biological response modifiers that are made by mouse or human immune cells and are able to bind to tumor cells | 14. anticancer drugs designed to block the function of growth factors, their receptors, and signaling pathways in tumor cells |
| 3. report or plan of steps taken in an experiment or disease case | 11. programmed cell death | 15. unit of DNA composed of a sugar, phosphate, and base (adenine, cytosine, guanine, or thymine) |
| 4. absence of all signs of disease | 12. malnutrition marked by weakness and emaciation; usually associated with later stages of cancer | |
| 5. symptoms of disease return | | |
| 6. conditions of damage to normal tissue; disease | | |
| 7. treatment that uses the body's own defense mechanisms to fight tumor cells | | |
| 8. substances produced by normal cells that directly block tumor growth or that stimulate the immune system | | |

K

- | | | |
|----------------------------|-----------------------|--------------------------|
| 1. beta-HCG test | 5. bone marrow biopsy | 8. CEA test |
| 2. CA-125 | 6. core needle biopsy | 9. exfoliative cytology |
| 3. laparoscopy | 7. PSA test | 10. stem cell transplant |
| 4. estrogen receptor assay | | |

L

- | | | |
|---------------|---|--|
| 1. benign | 4. sessile | 7. T1-3N2M0, tumor with involvement of ipsilateral hilar lymph nodes but no metastases to the chest wall |
| 2. adjuvant | 5. biopsy | 8. XRT; resected |
| 3. metastatic | 6. nausea; myelosuppression; EPO; G-CSF | |

Answers to Practical Applications**FYI: Other Malignant Tumors**

- | | | |
|--|---------------------|---|
| 1. melanoma (a nevus is a benign pigmented lesion or mole) | 4. glioma | 7. mesothelioma |
| 2. thymoma | 5. hypernephroma | 8. lymphoma (previously known as lymphosarcoma) |
| 3. hepatoma | 6. multiple myeloma | |

Case Study

- | | |
|------|------|
| 1. b | 4. c |
| 2. c | 5. c |
| 3. b | 6. b |

Chart Rounds Review

- | | |
|--------------|--------------|
| 1. patient D | 3. patient C |
| 2. patient A | 4. patient B |

Pathology Report

1. d



PRONUNCIATION OF TERMS

To test your understanding of the terminology in this chapter, write the meaning of each term in the space provided. In addition, you may wish to cover the terms and write them by looking at your definitions. Make sure your spelling is correct. The page number after each term indicates where it is defined or used in the book, so you can easily check your responses. You will find complete definitions for all of these terms and their audio pronunciations on the Evolve website.

Pronunciation Guide

ā as in āpe	ă as in ăpple
ē as in ēven	ě as in ěvery
ī as in īce	ĩ as in ĩnterest
ō as in ōpen	ő as in pőt
ū as in ūnit	ű as in űnder

Vocabulary and Terminology

TERM	PRONUNCIATION	MEANING
adenocarcinoma (823)	ăd-ě-nō-kăr-sĩ-NŌ-mă	
adjuvant therapy (818)	ĂD-jū-vănt THĚR-ă-pē	
alkylating agents (818)	ĂL-kĩ-lă-tĩng Ā-jents	
alopecia (813)	ăl-ō-PĚ-shē-ă	
alveolar (821)	ăl-vē-Ō-lăr <i>or</i> ăl-VĚ-ō-lăr	
anaplasia (818)	ăn-ă-PLĀ-zē-ă	
angiogenesis (818)	ăn-jē-ō-GĚN-ě-sĩs	
antibiotics (818)	ăn-tĩ-bĩ-ŌT-ĩks	
antimetabolites (818)	ăn-tĩ-mě-TĀB-ō-lĩts	
antimitotics (818)	ăn-tĩ-mĩ-TŌT-ĩks	
apoptosis (818)	ăp-ō-TŌ-sĩs <i>or</i> ā-pŏp-TŌ-sĩs	
benign tumor (818)	bē-NĪN TOO-mŏr	
biological response modifiers (818)	bĩ-ō-LŎJ-ĩ-kăl rě-SPŎNS MŎD-ĩ-fi-ěrz	
biological therapy (818)	bĩ-ō-LŎJ-ĩ-kăl THĚR-ă-pē	
bone marrow biopsy (824)	bŏn MĂ-rŏ BĪ-ŏp-sē	
bone marrow transplantation (824)	bŏn MĂ-rŏ trănz-plănt-Ā-shŭn	
brachytherapy (818)	brā-kē-THĚ-ră-pē	
cachexia (821)	kă-KĚK-sē-ă	
carcinogens (818)	kăr-SĪN-ŏ-jěnz	
carcinoma (818)	kăr-sĩ-NŌ-ma	
carcinoma in situ (821)	kăr-sĩ-NŌ-ma ĩn SĪ-too	

TERM	PRONUNCIATION	MEANING
cauterization (810)	kăw-těr-ĭ-ZĀ-shŭn	_____
cellular oncogenes (818)	SĚL-ŭ-lăr ÖNGK-ō-jěnz	_____
chemotherapy (818)	kē-mō-THĚR-ă-pē	_____
combination chemotherapy (818)	KŎM-bĭ-NĀ-shŭn kē-mō-THĚR-ă-pē	_____
core needle biopsy (810)	kör NĒ-dl BĪ-öp-sē	_____
cryosurgery (810)	krĭ-ō-SŮR-jěr-ē	_____
cystic tumor (821)	SĪS-tĭk TOO-mör	_____
cytogenetic analysis (824)	sĭ-tō-jě-NĚT-ĭk ă-NĀL-ě-sĭs	_____
dedifferentiation (818)	dē-dĭf-ěr-ěn-shē-Ā-shŭn	_____
deoxyribonucleic acid (818)	dē-ōx-ē-rĭ-bō-noo-KLĒ-ĭk ĀS-ĭd	_____
differentiating agents (818)	dĭf-ěr-ĚN-shē-ă-tĭng Ā-gěnts	_____
differentiation (818)	dĭf-ěr-ěn-shē-Ā-shŭn	_____
dysplastic (822)	dĭs-PLĀS-tĭk	_____
electrocauterization (821)	ē-lĕk-trō-kaw-těr-ě-ZĀ-shun	_____
electron beams (818)	ē-LĚK-trōn bēmz	_____
en bloc resection (810)	ěn blōk rē-SĚK-shŭn	_____
encapsulated (819)	ěn-KĀP-sū-lăt-ĕd	_____
epidermoid (823)	ĕp-ĭ-DĚR-moyd	_____
excisional biopsy (810)	ek-SIZH-ŭn-ăl BĪ-öp-sē	_____
exenteration (810)	ĕks-ěn-tě-RĀ-shŭn	_____
exfoliative cytology (825)	ĕks-FŎ-lē-ă-tĭv sĭ-TŎL-ō-jē	_____
external beam radiation (819)	ĕks-TĚR-năl bēm rā-dē-Ā-shŭn	_____
fiberoptic colonoscopy (825)	fĭ-běr-ŎP-tĭk kō-lōn-ŎS-kō-pē	_____
fibrosarcoma (821)	fĭ-brō-săr-KŎ-ma	_____
fibrosis (813)	fĭ-BRŎ-sĭs	_____
fields (819)	fĕldz	_____
fine needle aspiration (810)	FĪN NĒ-dl ăs-pě-RĀ-shŭn	_____
follicular (821)	fō-LĪK-ŭ-lăr	_____
fractionation (819)	frăk-shă-NĀ-shŭn	_____

TERM	PRONUNCIATION	MEANING
fulguration (810)	fŭl-gŭ-RĀ-shŭn	_____
fungating tumor (821)	fŭng-GĀ-tŭng <i>or</i> FŬNG-gā-tŭng TOO-mŏr	_____
genetic screening (819)	jě-NĚT-ik SCRĒ-nĭng	_____
grading of tumors (819)	GRĀ-dĭng of TOO-mŏrz	_____
gray (Gy) (819)	grā	_____
gross description of tumors (819)	GRŌS dě-SKRĪP-shŭn of TOO-mŏrz	_____
hyperplasia (823)	hī-pĕr-PLĀ-zē-ă	_____
immunohistochemistry (824)	īm-ŭ-nŏ-hīs-tŏ-KĚM-īs-trĕ	_____
incisional biopsy (810)	ĭn-SĪZH-ŭn-ăl BĪ-ŏp-sē	_____
infertility (813)	ĭn-fĕr-TĪL-ĭ-tĕ	_____
infiltrative (819)	ĪN-fĭl-trā-tĭv	_____
invasive (819)	ĭn-VĀ-sĭv	_____
irradiation (819)	ĭr-rā-dē-Ā-shŭn	_____
laparoscopy (825)	lă-păr-ŌS-kŏ-pĕ	_____
linear accelerator (819)	LĪN-ē-ăr āk-sĕl-ĕ-RĀ-tŏr	_____
malignant tumor (819)	mă-LĪG-nănt TOO-mŏr	_____
mammography (825)	mă-MŌG-ră-fĕ	_____
medullary tumor (821)	MĚD-ŭ-lār-ĕ TOO-mŏr	_____
mesenchymal (819)	mĕs-ĕn-KĪ-măl	_____
metaplasia (823)	mĕ-tă-PLĀ-zē-ă	_____
metastasis (819)	mĕ-TĀS-tă-sĭs	_____
microscopic description of tumors (819)	mī-krŏ-SKŌP-ĭk dě-SKRĪP-shŭn of TOO-mŏrz	_____
mitosis (819)	mī-TŌ-sĭs	_____
mixed-tissue tumors (819)	MĪKSD TĪ-shŭ TOO-mŏrz	_____
modality (819)	mŏ-DĀL-ĭ-tĕ	_____
molecularly targeted drugs (819)	mŏ-LĚK-ŭ-lăr-lĕ TĀR-gĕt-ĕd drŭgz	_____
morbidity (819)	mŏr-BĪD-ĭ-tĕ	_____
mucinous (819)	MŪ-sĭ-nŭs	_____

TERM	PRONUNCIATION	MEANING
mucositis (821)	mū-kō-SĪ-tīs	_____
mutagenic (821)	mū-tă-JĚN-ĭk	_____
mutation (819)	mū-TĀ-shŭn	_____
myelosuppression (823)	mī-ě-lō-sū-PRĚ-shŭn	_____
necrotic tumor (821)	ně-KRŮT-ĭk TOO-mŏr	_____
neoplasm (819)	NĚ-ō-plāzm	_____
neuroblastoma (823)	nōō-rō-blās-TŌ-mă	_____
neurofibromatosis (822)	nōō-rō-fi-brō-mă-TŌ-sīs	_____
nucleotide (819)	NŌŌ-klē-ō-tīd	_____
oncogene (820)	ŎNGK-ō-jĕn	_____
oncology (822)	ŏn-KŎL-ō-jĕ	_____
osteosarcoma (822)	ŏs-tē-ō-săr-KŎ-mă	_____
palliative (820)	PĀL-ē-ă-tīv	_____
papillary (822)	PĀP-ĭ-lăr-ē	_____
pedunculated (820)	pĕ-DŮNG-kū-lăt-ĕd	_____
PET/CT scan (826)	PĚT/CT skăn	_____
photon therapy (820)	FŎ-tŏn THĚR-ă-pĕ	_____
pleomorphic (822)	plē-ō-MŎR-fĭk	_____
pneumonitis (813)	noo-mō-NĪ-tīs	_____
polypoid tumor (822)	PŎL-ĭ-poyd TOO-mŏr	_____
protein marker tests (824)	PRŌ-tĕn MĀRK-ĕr tĕsts	_____
protocol (820)	PRŌ-tŏ-kŏl	_____
proton therapy (820)	PRŌ-tŏn THĚR-ă-pĕ	_____
radiation (820)	rā-dē-Ā-shŭn	_____
radiocurable tumor (820)	rā-dē-ō-KŪR-ă-bl TOO-mŏr	_____
radionuclide scans (826)	rā-dē-ō-NŌŌ-klīd skănz	_____
radioresistant tumor (820)	rā-dē-ō-rĕ-ZĪS-tănt TOO-mŏr	_____
radiosensitive tumor (820)	rā-dē-ō-SĚN-sĭ-tīv TOO-mŏr	_____
radiosensitizers (820)	rā-dē-ō-SĚN-sĭ-ti-zĕrz	_____
radiotherapy (820)	rā-dē-ō-THĚR-ă-pĕ	_____
relapse (820)	rĕ-LĀPS	_____

TERM	PRONUNCIATION	MEANING
remission (820)	rē-MĪSH-ŭn	_____
retinoblastoma (823)	rēt-ĭ-nō-blās-TŌ-mă	_____
ribonucleic acid (RNA) (820)	rī-bō-noo-KLĒ-ik ĀS-ĭd	_____
sarcoma (820)	săr-KŌ-mă	_____
scirrhus (822)	SKĪR-ŭs	_____
secondary tumors (813)	SĚ-kŏn-dă-rē TOO-mŏrz	_____
serous (820)	SĒ-rŭs	_____
sessile (820)	SĚS-ĭl	_____
simulation (820)	sĭm-ŭ-LĀ-shŭn	_____
solid tumor (820)	SŌL-ĭd TOO-mŏr	_____
staging of tumors (820)	STĀ-jĭng of TOO-mŏrz	_____
stem cell transplantation (824)	stĕm sĕl trānz-plānt-Ā-shŭn	_____
stereotactic radiosurgery (820)	stĕ-rē-ō-TĀK-tĭc rā-dē-ō-SŪR-jĕr-ē	_____
steroids (820)	STĚR-oydz	_____
surgical procedures to treat cancer (820)	SŪRG-ĭ-kāl prō-SĒ-jŭrz to trĕt KĀN-sĕr	_____
teletherapy (823)	tĕl-ē-THĚ-ră-pē	_____
ulcerating tumor (807)	ŬL-sĕ-ră-tĭng TOO-mŏr	_____
verrucous tumor (807)	vĕ-ROO-kŭs TOO-mŏr	_____
viral oncogenes (820)	VĪ-rāl ŐNGK-ō-jĕnz	_____
virus (820)	VĪ-rŭs	_____
xerostomia (822)	zĕr-ō-STŌ-mĕ-ă	_____



REVIEW SHEET

Write the meanings of the combining forms in the spaces provided and test yourself. Check your answers with the information in the chapter or in the Glossary (Medical Word Parts—English) at the end of the book.

Combining Forms

COMBINING FORM	MEANING	COMBINING FORM	MEANING
aden/o	_____	mutagen/o	_____
alveol/o	_____	necr/o	_____
cac/o	_____	neur/o	_____
carcin/o	_____	onc/o	_____
cauter/o	_____	papill/o	_____
chem/o	_____	pharmac/o	_____
cry/o	_____	plas/o	_____
cyst/o	_____	ple/o	_____
fibr/o	_____	polyp/o	_____
follicul/o	_____	radi/o	_____
fung/i	_____	sarc/o	_____
medull/o	_____	scirr/h/o	_____
mucos/o	_____	xer/o	_____
mut/a	_____		

Suffixes

SUFFIX	MEANING	SUFFIX	MEANING
-ary	_____	-ptosis	_____
-blastoma	_____	-stasis	_____
-oid	_____	-stomia	_____
-oma	_____	-suppression	_____
-plasia	_____	-therapy	_____
-plasm	_____	-tion	_____

Prefixes

PREFIX	MEANING	PREFIX	MEANING
ana-	_____	epi-	_____
anti-	_____	hyper-	_____
apo-	_____	meta-	_____
brachy-	_____	tele-	_____
dys-	_____		

Write the terms used in cancer medicine next to their meanings below:

adjuvant treatment

exenteration

protein markers

brachytherapy

external beam radiotherapy

protocol

cachexia

fine needle aspiration

sarcoma

carcinoma

metastasis

simulation

carcinoma in situ

myelosuppression

1. Cancerous tumor composed of cells of epithelial origin _____
2. Assisting primary treatment _____
3. Detailed plan of treatment _____
4. Study using CT scan or MRI to map treatment before radiation therapy _____
5. Wide and complete resection of tumor in a cavity of the body _____
6. Cancerous tumor derived from connective (flesh) tissue _____
7. Chemicals in the blood that measure the presence of tumor in the body _____
8. General ill health and malnutrition associated with disease _____
9. Teletherapy _____
10. Insertion of radioactive seeds or sealed containers into tumor _____
11. Malignancy that is localized and not invasive _____
12. Cancerous tumor that has spread to lymph nodes and other organs _____
13. Stopping the growth of cells in the bone marrow _____
14. Extraction of cells for microscopic (biopsy) evaluation _____

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CHAPTER 20

Radiology and Nuclear Medicine

This chapter is divided into the following sections:

Introduction, 850

Radiology, 850

Nuclear Medicine, 860

Vocabulary, 864

Terminology, 866

Abbreviations, 867

In Person: CT and MRI, 868

Practical Applications, 869

Exercises, 871

Answers to Exercises, 875

Pronunciation of Terms, 876

Review Sheet, 879

CHAPTER GOALS

- List the physical properties of x-rays.
- Identify diagnostic techniques used by radiologists and nuclear physicians.
- Name the x-ray views and patient positions used in x-ray examinations.
- Describe the role of radioactivity in the diagnosis of disease.
- Recognize medical terms used in the specialties of radiology and nuclear medicine.
- Apply your new knowledge to understanding medical terms in their proper contexts, such as medical reports and records.

INTRODUCTION

Radiology is the medical specialty concerned with the study and application of x-rays and other technologies (such as ultrasound and magnetic resonance) to produce and interpret images of the human body for the diagnosis of disease. **X-rays** are invisible waves of energy that are produced by an energy source (such as an x-ray machine or cathode ray tube) and are useful in the diagnosis and treatment of disease.

Nuclear medicine is the medical specialty that uses **radioactive substances** in the diagnosis and treatment of disease. These radioactive substances (**radionuclides**) are materials that emit high-speed particles and energy-containing rays from the interior of their matter. The emitted particles and rays are called **radioactivity** and can be of three types: **alpha particles**, **beta particles**, and **gamma rays**. **Gamma rays** are used effectively as a diagnostic label to trace the path and uptake of chemical substances in the body.

The professionals involved in these medical fields are varied. A **radiologist** is a physician who specializes in the practice of diagnostic radiology. A **nuclear medicine physician** specializes in diagnostic radionuclide scanning procedures.

Allied health care professionals who work with physicians in the fields of radiology and nuclear medicine are **radiologic technologists**. Different radiologic technologists called **radiographers** aid physicians in administering diagnostic x-ray procedures, **nuclear medicine technologists** attend to patients undergoing nuclear medicine procedures and operate devices under the direction of a nuclear physician, and **sonographers** aid physicians in performing ultrasound procedures.

RADIOLOGY

CHARACTERISTICS OF X-RAYS

Several characteristics of x-rays are useful to physicians in the diagnosis and treatment of disease. Some of these characteristics are the following:

1. **Ability to cause exposure of a photographic plate.** If a photographic plate is placed in front of a beam of x-rays, the x-rays, traveling unimpeded through the air, will expose the silver coating of the plate and cause it to blacken.
2. **Ability to penetrate different substances to varying degrees.** X-rays pass through the different types of substances in the human body (air in the lungs, water in blood vessels and lymph, fat around muscles, and metal such as calcium in bones) with varying ease. Air is the least dense substance and allows the greatest transmission. Fat is denser, water is next, followed by hard materials, such as calcium in bone, which is the densest and transmits least. If the x-rays are absorbed (stopped) by the denser body substance (e.g., calcium in bones), they do not reach the photographic plate held behind the patient, and white areas are left in the x-ray detector (plate). Figure 20-1 is an example of an x-ray photograph.

A substance is said to be **radiolucent** if it permits passage of most of the x-rays. Lung tissue (containing air) is an example of a radiolucent substance, and it appears black on an x-ray image. **Radiopaque** substances (bones) are those that absorb most of the x-rays they are exposed to, allowing only a small fraction of the x-rays to reach the x-ray plate. Thus, normally radiopaque, calcium-containing bone appears white on an x-ray image.

3. **Invisibility.** X-rays cannot be detected by sight, hearing, or touch. Workers exposed to x-rays must wear a **film badge** to detect and record the amount of radiation to which they have been exposed. The film badge contains a special film that reacts when

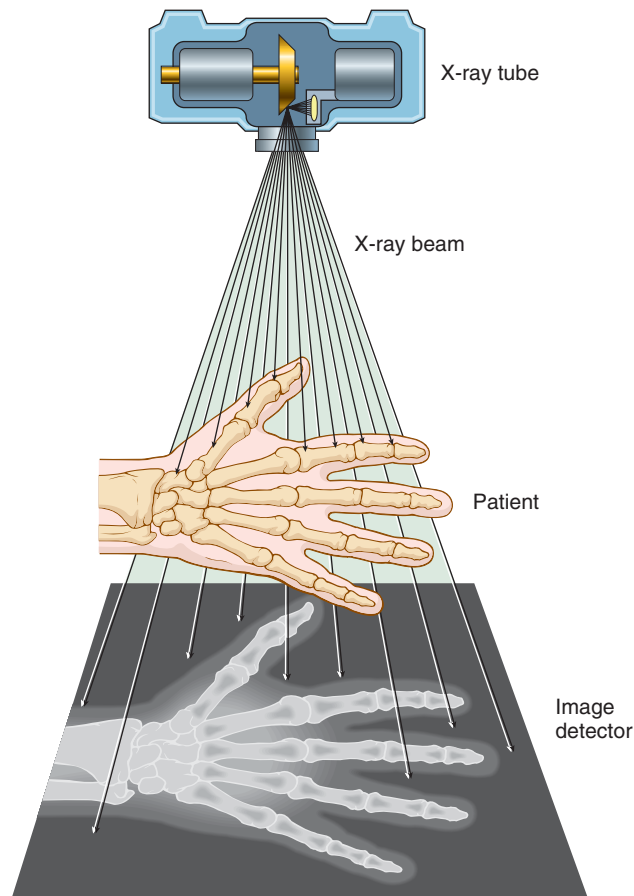


FIGURE 20-1 X-ray photograph (radiograph) of the hand. Relative position of x-ray tube, patient (hand), and image detector necessary to make the x-ray photograph is shown. Bones tend to stop (absorb) diagnostic x-rays, but absorption of the x-ray energy occurs to a lesser degree with soft tissue. This results in the light and dark regions that form the image.

exposed to x-rays. The amount of blackness on the film is an indication of the amount of x-rays or gamma rays received by the wearer.

4. **Travel in straight lines.** This property allows the formation of precise shadow images on the x-ray plate and also permits x-ray beams to be directed accurately at a tissue site during radiotherapy.
5. **Scattering of x-rays.** Scattering occurs when x-rays come into contact with any material. Greater scatter occurs with dense objects and less scatter with those substances that are radiolucent. In addition, because scatter can cause blurring (radiographic density that serves no useful purpose) on images, a grid (containing thin lead strips arranged parallel to the x-ray beams) is placed in front of the image detector to absorb scattered radiation before it strikes the x-ray film. In digital imaging, an image receptor replaces film.
6. **Ionization.** X-rays have the ability to ionize substances through which they pass. Ionization is a chemical process in which the energy of an x-ray beam causes rearrangement and disruption within a substance, so that previously neutral particles are changed to charged particles called **ions**. This strongly ionizing ability of x-rays is a double-edged sword. In x-ray or radiation therapy, the ionizing effect of high-energy x-ray beams can help kill cancerous cells and stop tumor growth; however, ionizing x-rays in even small doses can affect normal body cells, leading to tissue damage and malignant changes. Thus, persons exposed to high doses of x-rays are at risk for the development of leukemia, thyroid tumors, breast cancer, or other malignancies.

DIAGNOSTIC TECHNIQUES

X-Ray Studies

X-ray imaging is used in a variety of ways to detect pathologic conditions. **Digital radiography** is a form of x-ray imaging in which digital x-ray sensors are used instead of traditional photographic film. Thus images can be enhanced and transferred easily, and less radiation can be used than in conventional radiology. The most common use of diagnostic x-ray studies is in dental practice, to locate cavities in teeth (dental caries). Other areas examined include the digestive, nervous, reproductive, and endocrine systems and the chest and bones. **Mammography** uses low-dose x-rays to visualize breast tissue. Some special diagnostic x-ray techniques are described next.

Computed Tomography (CT). The CT scan, sometimes called “CAT scan” (because the technique originally was known as “computerized axial tomography”), is made by beaming x-rays at multiple angles through a section of the patient’s body. The absorption of all of these x-rays, after they pass through the body, is detected and used by a computer to create multiple views, especially cross-sectional images (Figure 20-2). The ability of a CT scanner to detect abnormalities (the sensitivity of the scanner) is increased with the use of iodine-containing contrast agents, which outline blood vessels and confer additional density to soft tissues.

CT scanners are highly sensitive in detecting disease in bones and can actually provide images of internal organs that are impossible to visualize with ordinary x-ray technique. Figure 20-3 shows a series of CT scans through various regions of the body. New ultrafast CT scanners can produce a three-dimensional (3D) image of a beating heart and surrounding blood vessels. State-of-the-art scanners produce images in 64, 128, 256, and 320 slices and are called **multidetector CT** or **MDCT scanners**.

Contrast Studies. In x-ray film, the natural differences in the density of body tissues (e.g., from air in lung or from calcium in bone) produce contrasting shadow images on the x-ray film; however, when x-rays pass through two adjacent body parts composed of substances of the same density (e.g., different digestive organs in the abdomen), their images cannot be distinguished from one another on the film or on the screen. It is necessary, then, to inject a **contrast medium** into the structure or fluid to be visualized so that a specific part, organ, tube, or liquid can be visualized as a negative imprint on the dense contrast agent.

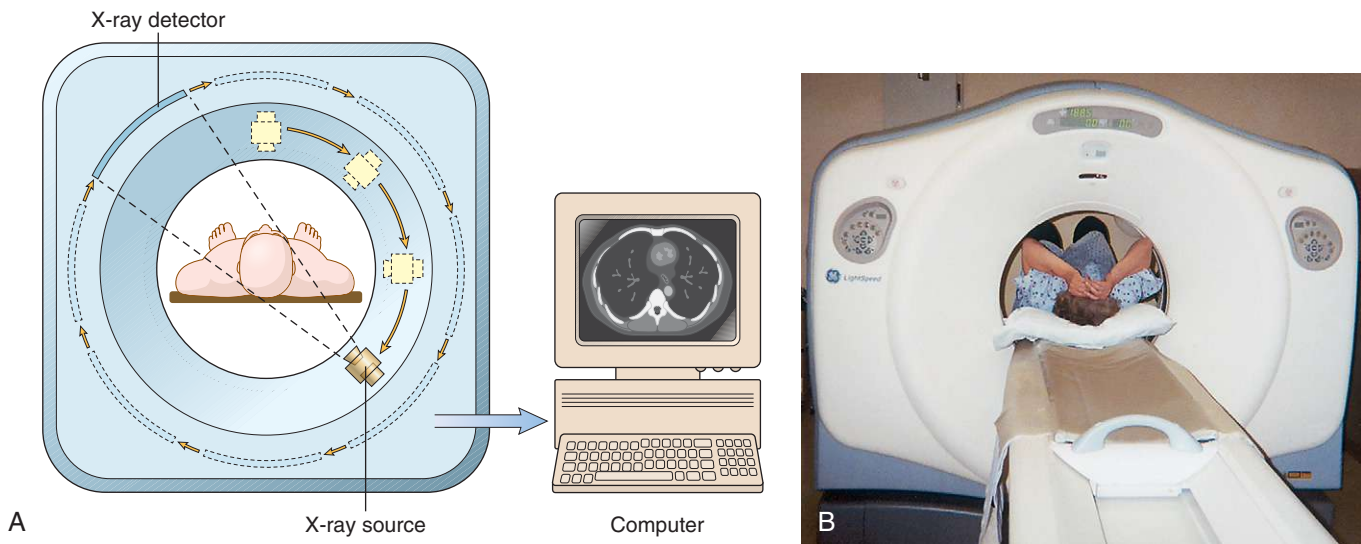


FIGURE 20-2 A, A CT scanner has a rotating x-ray source and a fixed ring of detectors. B, A patient in a CT scanner. This patient has her arms above her head during a chest CT examination.

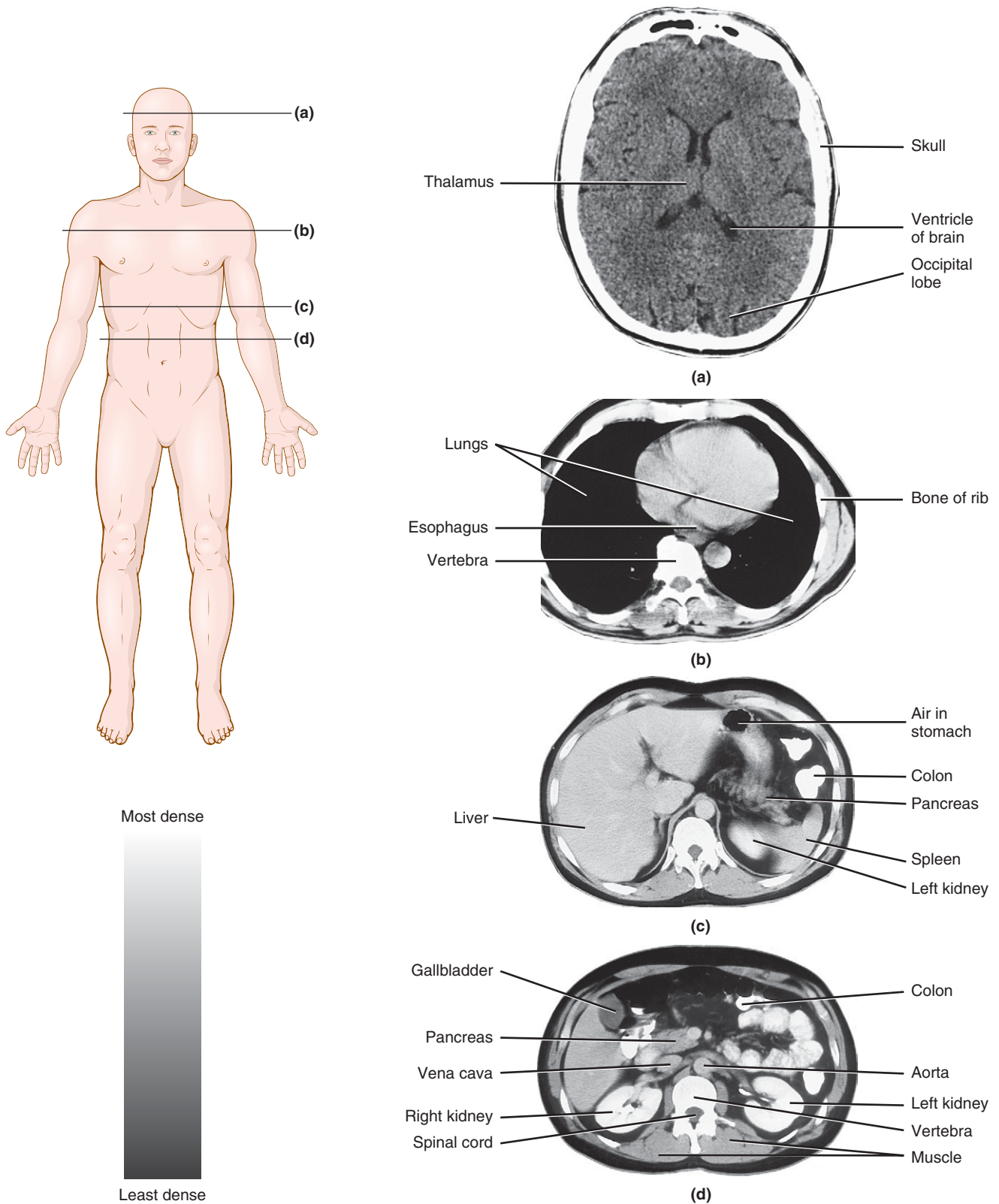


FIGURE 20-3 CT scans through various regions of the body. The level of the scan is indicated on the figure of the body. The bar below the figure indicates the gradient of structure density as represented by black (least dense, such as air) and white (most dense, such as bone).

The following are contrast materials used in diagnostic radiologic studies:

Barium Sulfate. Barium sulfate is a radiopaque medium that is mixed in water and used for examination of the upper and lower GI (gastrointestinal) tract. An **upper GI series (UGI)** involves oral ingestion of barium sulfate so that the esophagus, stomach, and duodenum can be visualized. A **small bowel follow-through (SBFT)** series traces the passage of barium in a sequential manner as it passes through the small intestine. A **barium enema (BE)** study is a lower GI series that opacifies the lumen (passageway) of the large intestine using an enema containing barium sulfate. This test has largely been replaced by endoscopy, which allows visualization of the inside of the bowel.

A **double-contrast study** uses both a radiopaque and a radiolucent contrast medium. For example, the walls of the stomach or intestine are coated with barium and the lumen is filled with air. These radiographs show the pattern of mucosal ridges.

Iodine Compounds. Radiopaque fluids containing up to 50% iodine are used in the following tests:

angiography

X-ray image (angiogram) of blood vessels and heart chambers is obtained after contrast is injected through a catheter into the appropriate blood vessel or heart chamber. In clinical practice, the terms angiogram and arteriogram are used interchangeably. Figure 20-4 shows **coronary angiography**, which determines the degree of obstruction of the arteries that supply blood to the heart. Figure 20-5A and B shows coronary angiograms before and after stenting of the artery.

cholangiography

X-ray imaging after injection of contrast into bile ducts. This is typically accomplished by injecting contrast directly into the common bile duct via a procedure called **endoscopic retrograde cholangiopancreatography (ERCP)** or after surgery of the gallbladder or biliary tract (**intraoperative cholangiography**). An alternative route for injection of contrast is via a needle through the skin and into the liver. This is **percutaneous transhepatic cholangiography** (Figure 20-6).

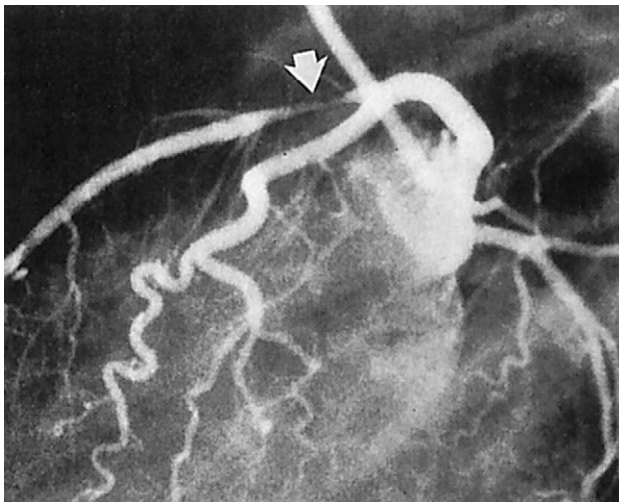


FIGURE 20-4 Coronary angiography shows stenosis (arrow) of the left anterior descending coronary artery.

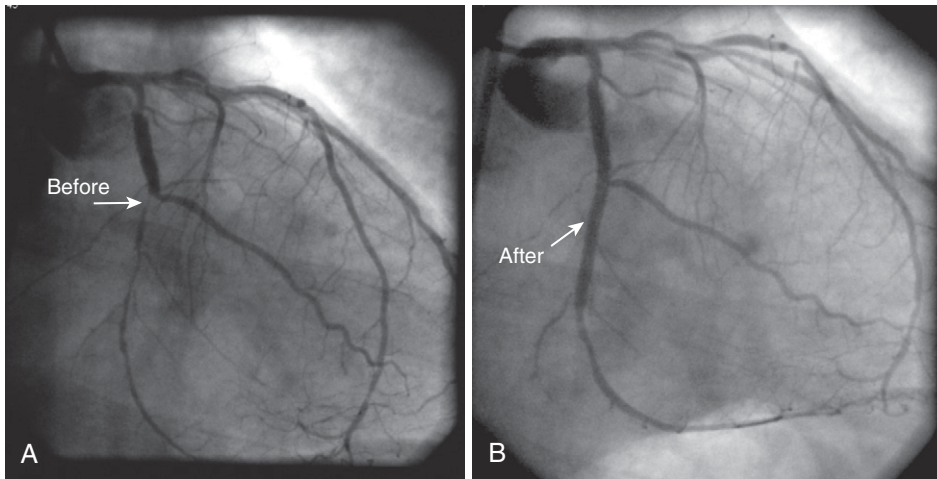


FIGURE 20-5 Coronary angiograms before and after stenting. **A**, Coronary angiogram before stenting shows narrowed coronary artery (*arrow*) preventing blood flow to heart muscle. **B**, Coronary angiogram after stenting shows opening of coronary artery (*arrow*) and increased blood flow to heart muscle. (Courtesy Dr. Daniel Simon and Mr. Paul Zampino.)

**digital subtraction
angiography (DSA)**

X-ray image of contrast-injected blood vessels is produced by taking two x-ray pictures (the first without contrast) and using a computer to subtract obscuring shadows from the second image.

hysterosalpingography

X-ray record of the endometrial cavity and fallopian tubes is obtained after injection of contrast material through the vagina and into the endocervical canal. This procedure determines the patency of the fallopian tubes.

myelography

X-ray imaging of the spinal cord (myel/o) after injection of contrast agent into the subarachnoid space surrounding the spinal cord. It usually is performed in patients who cannot undergo MRI (magnetic resonance imaging). After injection of contrast, x-ray films and a CT scan are obtained. This procedure is **CT myelography**.

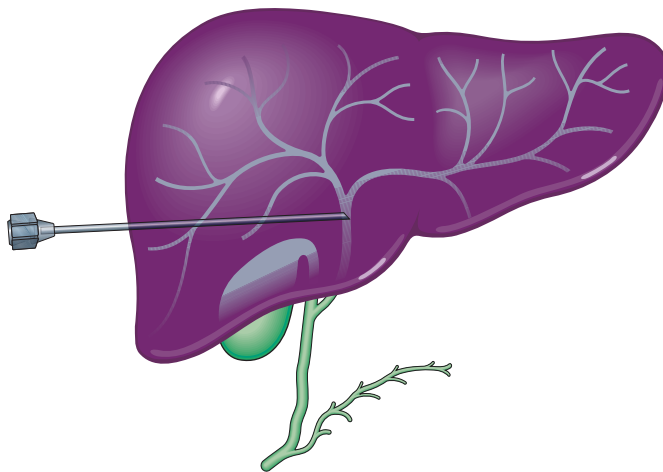


FIGURE 20-6 Percutaneous transhepatic cholangiography. The needle is passed through the abdominal wall into liver tissue until the tip penetrates the hepatic duct. Contrast medium is introduced, and x-ray pictures are taken to visualize the biliary tree.

pyelography

X-ray imaging of the renal pelvis and urinary tract. Contrast is injected into a vein (**intravenous pyelography**) or through a catheter placed through the urethra, bladder, or ureter and into the renal pelvis (**retrograde pyelography**). **Urography** also describes the process of recording x-ray images of the urinary tract after the introduction of contrast.

Patients may experience side effects caused by iodine-containing contrast substances. These effects can range from mild reactions such as flushing, nausea, warmth, or tingling sensations to severe, life-threatening reactions characterized by airway spasm, hives, laryngeal edema (swelling of the larynx), vasodilation, and tachycardia. Treatment involves immediate establishment of an airway and ventilation followed by injections of epinephrine (adrenaline), corticosteroids, or antihistamines.

Digital imaging techniques can be used to enhance conventional and fluoroscopic x-ray images. A lower dose of x-ray is used to achieve higher-quality images, and digital images can be sent via networks to other locations and computer monitors so that many people can share information and assist in the diagnostic process.

Interventional Radiology. Interventional radiologists perform invasive procedures (therapeutic or diagnostic) usually under CT guidance or fluoroscopy. **Fluoroscopy** is the use of x-rays and a fluorescent screen to produce real-time video images. Procedures include percutaneous biopsy, placement of drainage catheters, drainage of abscesses, occlusion of bleeding vessels, and catheter instillation of antibiotics or chemotherapy agents. In addition, interventional radiologists perform **radiofrequency ablation** (removal) of tumors and tissues (liver, kidney, adrenals). Neurointerventional radiologists perform endovascular procedures including intracranial thrombolysis, head, neck, and intracranial tumor embolizations, extracranial angioplasty and stenting. They also perform nonvascular procedures, such as intervertebral facet injections, nerve root blocks, and vertebroplasties. Vascular interventional radiologists perform laser treatments for varicose veins and uterine fibroid embolization.

Ultrasound Imaging

Ultrasound imaging, or **ultrasonography**, uses high-frequency inaudible sound waves that bounce off body tissues and are then recorded to give information about the anatomy of an internal organ. An instrument called a **transducer** or **probe** is placed near or on the skin, which is covered with a thin coating of gel to ensure good transmission of sound waves. The transducer emits sound waves in short, repetitive pulses. The ultrasound waves move through body tissues and detect interfaces between tissues of different densities. An echo reflection of the sound waves is formed as the waves hit the various body tissues and bounce back to the transducer.

These ultrasonic echoes are then recorded as a composite picture of the area of the body over which the instrument has passed. The record produced by ultrasound is called a **sonogram**.

Ultrasound imaging is used as a diagnostic tool not only by radiologists but also by neurosurgeons and ophthalmologists to detect intracranial and ophthalmic lesions. Cardiologists use ultrasound techniques to detect heart valve and blood vessel disorders (**echocardiography**), and gastroenterologists use it to locate abdominal masses outside the digestive organs. Similarly, pulmonologists use ultrasound procedures for locating and sampling lesions outside the bronchial tubes. Obstetricians and gynecologists use ultrasound imaging to differentiate single from multiple pregnancies, as well as to help in performing amniocentesis. Other uses are to image benign and malignant tumors and

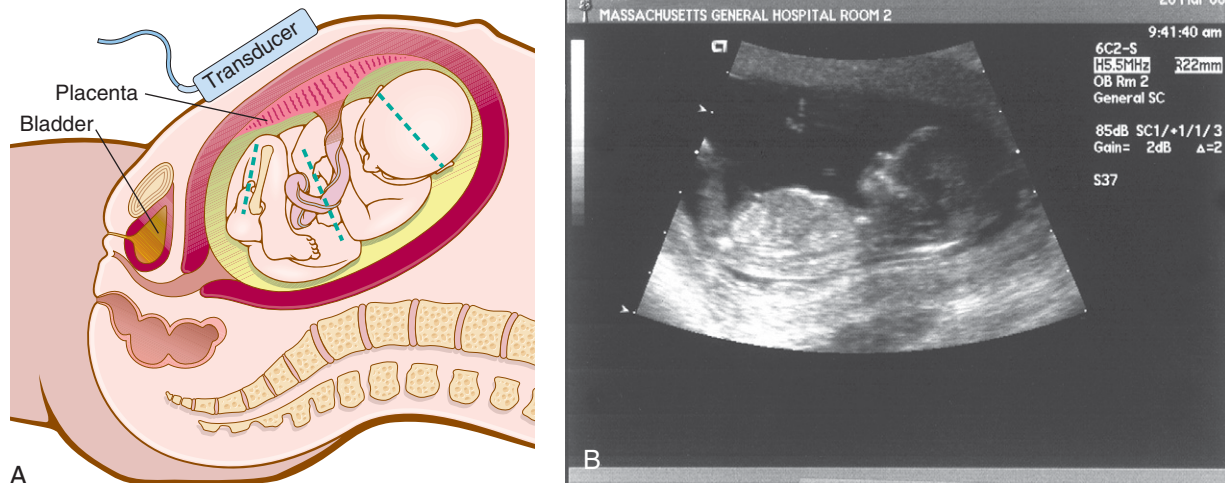


FIGURE 20-7 A, Fetal measurements taken with ultrasound imaging. Dashed lines indicate the image planes for measurements of the fetal head, abdomen, and femur. B, Fetal ultrasound scan at 13 weeks of pregnancy. (B, Courtesy Joelle Reidy.)

determine the size and development of the fetus. Measurements of the head, abdomen, and femur are made from ultrasound images obtained in various fetal planes (Figure 20-7).

Ultrasound imaging has several advantages in that the sound waves are not ionizing and do not injure tissues at the energy ranges used for diagnostic purposes. Because water is an excellent conductor of the ultrasound beams, patients are requested to drink large quantities of water before examination so that the urinary bladder will be distended, allowing better viewing of pelvic and abdominal organs.

Two ultrasound techniques, **Doppler ultrasound** and **color flow imaging**, make it possible to record blood flow velocity (speed). These techniques are used to image major blood vessels to detect obstructions caused by atherosclerotic plaques in patients at risk for stroke. Figure 20-8A and B shows Doppler ultrasound scanning and color flow imaging.

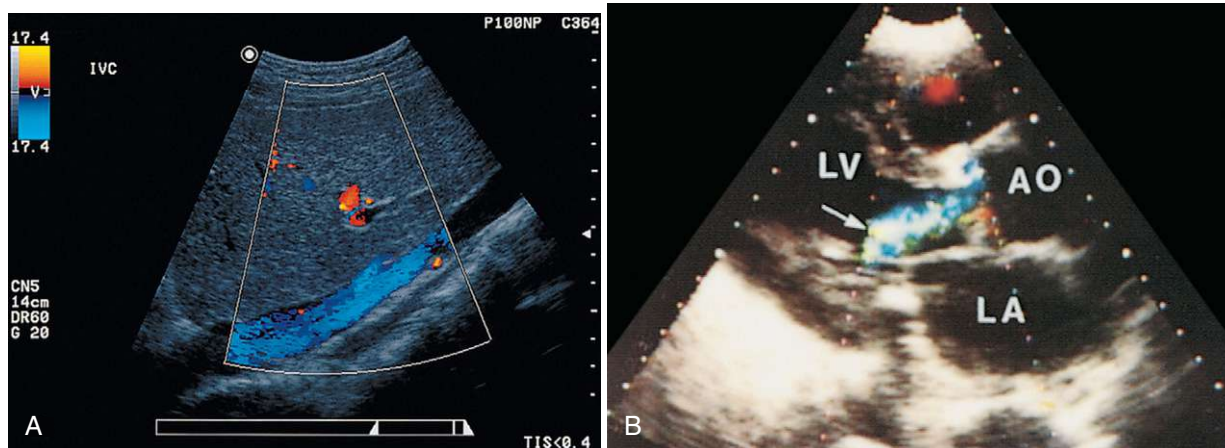



FIGURE 20-8 A, Doppler ultrasound scan showing an image of the vena cava (in blue). B, Color flow imaging in a patient with aortic regurgitation. The brightly colored, high-velocity jet (arrow) can be seen passing from the aorta (AO) to the left ventricle (LV). The center of the jet is white, and the edges are shades of blue.

Ultrasonography is used in interventional radiology to guide needle biopsy for the puncture of cysts, for placing needles during amniocentesis, and for inserting radioactive seeds into the prostate (brachytherapy). In **endoscopic ultrasonography**, a small ultrasound transducer is attached to the tip of an endoscope that is inserted into the body. This technique is used by gastroenterologists and pulmonologists to obtain high-quality and accurate detailed images of the digestive and respiratory systems.

Magnetic Resonance Imaging

Magnetic resonance imaging (MRI)  uses magnetic fields and radiowaves rather than x-rays. Hydrogen protons are aligned and synchronized by placing the body in a strong magnetic field. Then the hydrogen molecules relax when the magnetic field is shut down. The rates of alignment and relaxation vary from one tissue to the next, producing a sharply defined picture. Because bone is virtually devoid of water, it does not image well on MRI. The MR technique produces sagittal, coronal (frontal), and axial (cross-sectional) images (Figure 20-9).

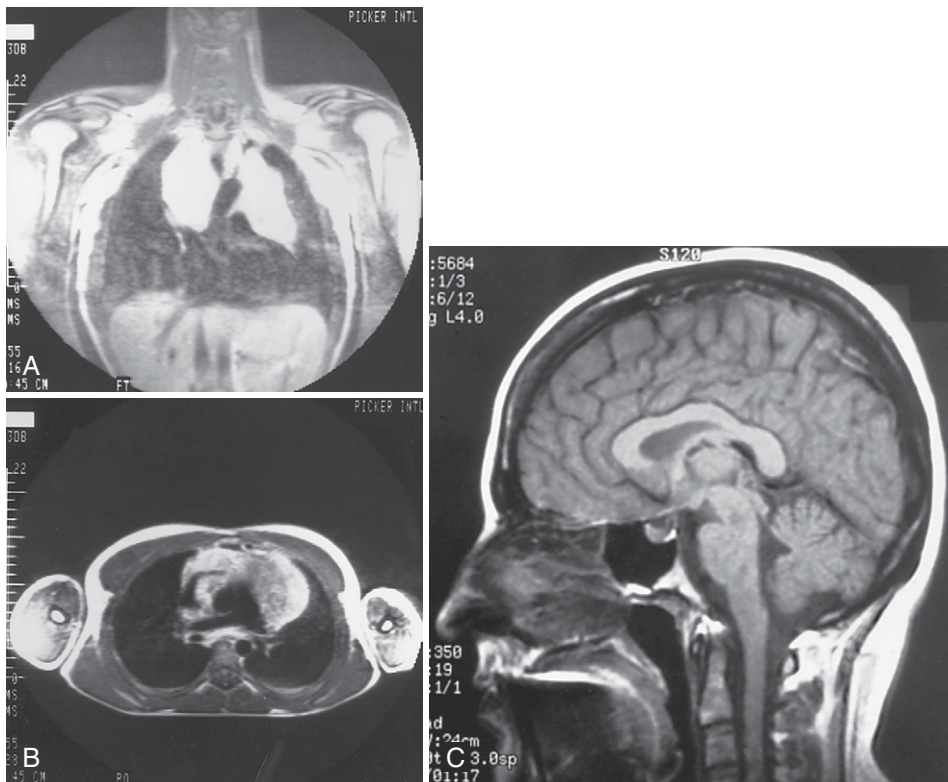


FIGURE 20-9 Magnetic resonance images. **A**, Frontal (coronal) view of the upper body. White masses in the chest are Hodgkin disease lesions. **B**, Transverse view of the upper body in the same patient, who had a chest mass. **C**, Image obtained in the sagittal plane of the head (the usual MRI view) showing cerebrum, ventricles, cerebellum, and medulla oblongata.



MRI versus CT Scanning

Why do doctors choose MRI or CT scanning? Differences in use depend on the part of the body viewed. In general, CT is useful for visualizing bony structures and solid masses of the chest and abdomen, whereas MRI is better at giving detail in soft tissues that have more water molecules.

CT

1. bones
2. chest lesions and pneumonia
3. bleeding in the brain from head trauma and ruptured arteries

MRI

1. spinal cord and brain tumors
2. joints, tendons, and ligaments
3. liver masses
4. head and neck lesions

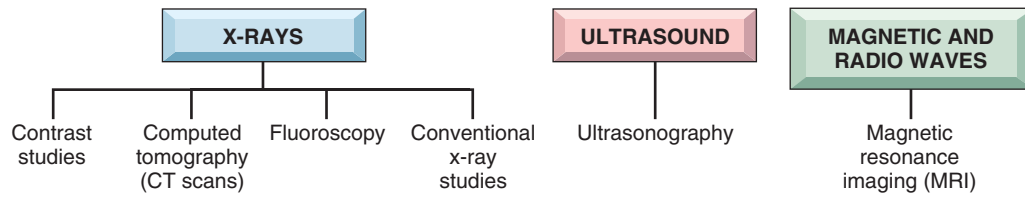


FIGURE 20-10 Summary of radiologic diagnostic techniques.

MRI examinations are performed with and without contrast. The contrast agent most commonly used is **gadolinium (Gd)**. As iodine contrast does with CT, gadolinium enhances vessels and tissues, increases the sensitivity for lesion detection, and helps differentiate between normal and abnormal tissues and structures. MRI provides excellent soft tissue images, detecting edema in the brain, providing direct imaging of the spinal cord, detecting tumors in the chest and abdomen, and visualizing the cardiovascular system.

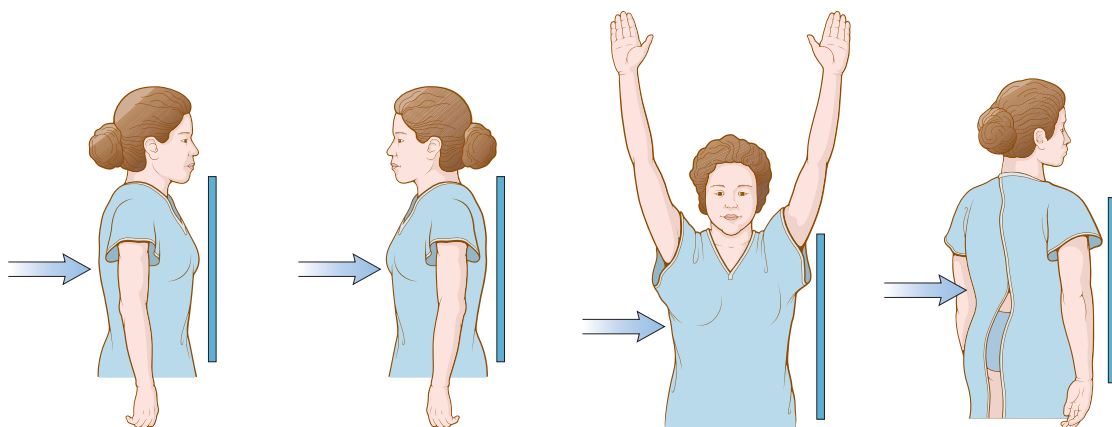
MRI is contraindicated for patients with pacemakers or metallic implants because the powerful magnet can alter position and functioning of such devices. However, the Food and Drug Administration (FDA) has recently approved new pacemakers that can be safely used with MRI. The sounds (loud tapping) heard during the test are caused by the pulsing of the magnetic field as the device scans the body. See the *In Person* story on page 868.

Figure 20-10 summarizes radiologic diagnostic techniques.

X-RAY POSITIONING

In order to take the best picture of the part of the body being radiographed, the patient, detector, and x-ray tube must be positioned in the most favorable alignment possible. Radiologists use special terms to refer to the direction of travel of the x-ray through the patient. X-ray Terms describing the direction of the x-ray beam follow and are illustrated in Figure 20-11:

1. **Posteroanterior (PA) view.** In this most commonly requested chest x-ray view, x-rays travel from a posteriorly placed source to an anteriorly placed detector.
2. **Anteroposterior (AP) view.** X-rays travel from an anteriorly placed source to a posteriorly placed detector.
3. **Lateral view.** In a left lateral view, x-rays travel from a source located to the right of the patient to a detector placed to the left of the patient.
4. **Oblique view.** X-rays travel in a slanting direction at an angle from the perpendicular plane. Oblique views show regions or structures ordinarily hidden and superimposed in routine PA and AP views.



1. Posteroanterior (PA) view

2. Anteroposterior (AP) view

3. Left lateral view

4. Oblique view

FIGURE 20-11 Positions for x-ray views. The arrow denotes the direction of the x-ray beam through the patient.

The following terms are used to describe the position of the patient or part of the body in the x-ray examination:

abduction	Movement away from the midline of the body.
adduction	Movement toward the midline of the body.
eversion	Turning outward.
extension	Lengthening or straightening a flexed limb.
flexion	Bending a part of the body.
inversion	Turning inward.
lateral decubitus	Lying down on the side (with the x-ray beam horizontally positioned).
prone	Lying <u>on</u> the belly (face down).
recumbent	Lying down (may be prone or supine).
supine	Lying on the back (face <u>up</u>).

NUCLEAR MEDICINE

RADIOACTIVITY AND RADIONUCLIDES

The spontaneous emission of energy in the form of particles or rays coming from the interior of a substance is called **radioactivity**. A **radionuclide** (or **radioisotope**) is a substance that gives off high-energy particles or rays as it disintegrates. Radionuclides are produced in either a nuclear reactor or a charged-particle accelerator (cyclotron) or by irradiating stable substances, causing disruption and instability. **Half-life** is the time required for a radioactive substance (radionuclide) to lose half of its radioactivity by disintegration. Knowledge of a radionuclide's half-life is important in determining how long the radioactive substance will emit radioactivity when in the body. The half-life must be long enough to allow for diagnostic imaging but as short as possible to minimize patient exposure to radiation.

Radionuclides emit three types of radioactivity: **alpha particles**, **beta particles**, and **gamma rays**. Gamma rays, which have greater penetrating ability than alpha and beta particles, and more ionizing power, are especially useful to physicians in both the diagnosis and the treatment of disease. **Technetium-99m** (Tc-99m) is essentially a pure gamma emitter with a half-life of 6 hours. Its properties make it the most frequently used radionuclide in diagnostic imaging.

NUCLEAR MEDICINE TESTS: IN VITRO AND IN VIVO PROCEDURES

Nuclear medicine physicians use two types of tests in the diagnosis of disease: **in vitro** (in the test tube) procedures and **in vivo** (in the body) procedures. **In vitro** procedures involve analysis of blood and urine specimens using radioactive chemicals. For example, a **radioimmunoassay (RIA)** is an in vitro procedure that combines the use of radioactive chemicals and antibodies to detect hormones and drugs in a patient's blood. The test allows the detection of minute amounts of substances or compounds. RIA is used to monitor the amount of digitalis, a drug used to treat heart disease, in a patient's bloodstream and can detect hypothyroidism in newborn infants.

In vivo tests trace the amounts of radioactive substances within the body. They are given directly to the patient to evaluate the function of an organ or to image it. For example, in **tracer studies** a specific radionuclide is incorporated into a chemical substance and administered to a patient. The combination of the radionuclide and a drug or chemical is called a **radiopharmaceutical** (or **radiolabeled compound**). Each radiopharmaceutical is designed to concentrate in a certain organ. The organ can then be imaged using the radiation given off by the radionuclide.

A sensitive, external detection instrument called a **gamma camera** is used to determine the distribution and localization of the radiopharmaceutical in various organs, tissues, and fluids (Figure 20-12). The amount of radiopharmaceutical at a given location is proportional to the rate at which the gamma rays are emitted. Nuclear medicine studies depict the physiologic behavior (how the organ works) rather than the specific anatomy of an organ.

The procedure of making an image by tracking the distribution of radioactive substance in the body is **radionuclide scanning**. **Uptake** refers to the rate of absorption of the radiopharmaceutical into an organ or tissue.

Radiopharmaceuticals are administered by different routes to obtain a scan of a specific organ in the body. For example, in the case of a **lung scan**, the radiopharmaceutical is given intravenously (for **perfusion studies**, which rely on passage of the radioactive compound through the capillaries of the lungs) or by inhalation of a gas or aerosol (for **ventilation studies**), which fills the air sacs (alveoli). The combination of these tests permits sensitive and specific diagnosis of clots in the lung (pulmonary emboli).

Other diagnostic procedures that use radionuclides include the following:

1. **Bone scan.** Technetium-99m (Tc-99m) is used to label phosphate substances and then is injected intravenously. The phosphate compound is taken up preferentially by bone, and the skeleton is imaged in 2 or 3 hours. Waiting 2 to 3 hours allows much of the radiopharmaceutical to be excreted in urine and allows for better visualization of the radioactive material remaining in the skeleton. The scan detects infection, inflammation, or tumors involving the skeleton, which appear as areas of high uptake ("hot spots") on the scan. See Figure 15-36 on page 620.

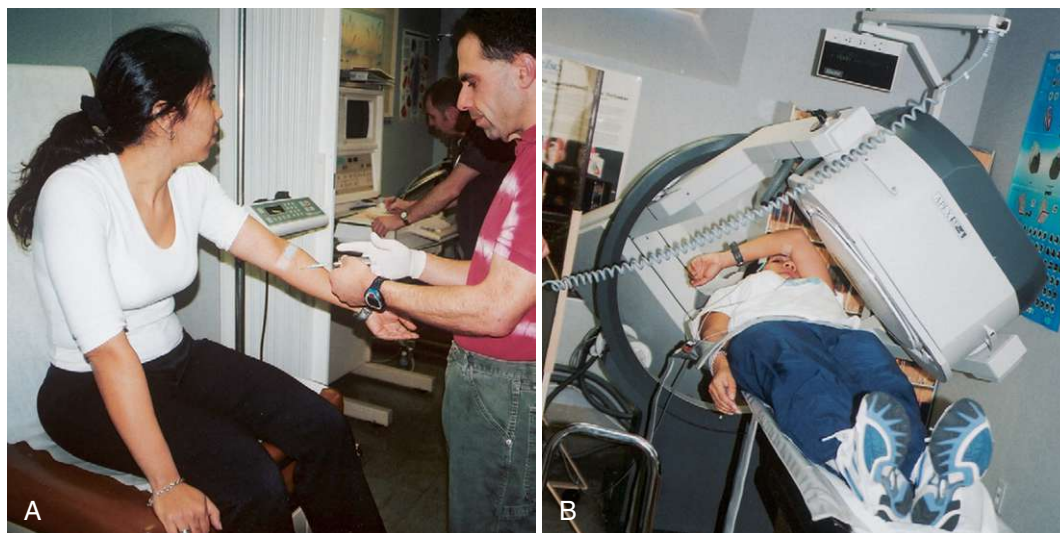



FIGURE 20-12 A, Patient receiving intravenous injection of radionuclide for detection of heart function. B, Gamma camera moves around the patient, detecting radioactivity in heart muscle.

2. **Lymphoscintigraphy.**  This type of nuclear medicine imaging provides pictures (scintigrams) of the lymphatic system. A **radiotracer** (radioactive isotope) is injected under the skin or deeper using a small needle. A gamma camera then takes a series of images of an area of the body. Physicians perform lymphoscintigraphy to identify a **sentinel lymph node** (the first lymph node to receive lymph drainage from a tumor), identify areas of lymph node blockage, or evaluate lymphedema (accumulation of fluid in soft tissues leading to swelling).
3. **Positron emission tomography (PET scan).** This radionuclide technique produces images of the distribution of radioactivity (through emission of positrons) in a region of the body. It is similar to the CT scan, but radioisotopes are used instead of contrast and x-rays. The radionuclides are incorporated (by intravenous injection) into the tissues to be scanned, and an image is made showing where the radionuclide is or is not being metabolized. The most common radionuclide is radiolabeled fluorodeoxyglucose (^{18}F -FDG), but others are in use. PET scanning has determined that schizophrenics do not metabolize glucose equally in all parts of the brain and that drug treatment can bring improvement to these regions. Areas of metabolic deficiency can be pinpointed by PET, making it helpful in diagnosing and treating other neurologic disorders such as stroke, epilepsy, and Alzheimer disease. Alternatively, areas of infection, inflammation, and tumor demonstrate increased metabolic activity, highlighted as hot spots on the PET scan (Figure 20-13).
4. **PET/CT scan.** This scan combines PET and CT techniques to produce a more accurate image than PET or CT alone. See Figure 20-14. It is often used to detect cancer and metastases, especially to determine if the cancer is responding to treatment.
5. **Single photon emission computed tomography (SPECT).** This technique involves an intravenous injection of radioactive tracer (such as Tc-99m) and the computer reconstruction of a 3D image based on a composite of many views. Clinical applications include detecting liver tumors, detecting cardiac ischemia, and evaluating bone disease of the spine.

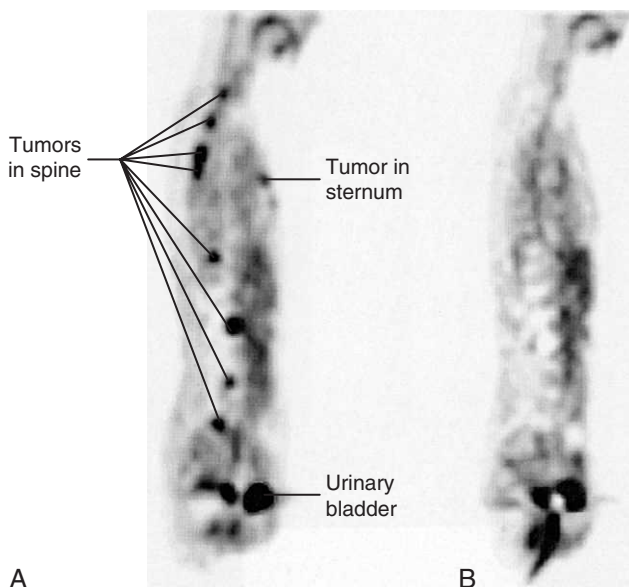


FIGURE 20-13 Whole-body PET images. **A**, ^{18}F -FDG sagittal image obtained in a patient with breast cancer metastases. Numerous tumors (dark spots) are seen along with spine and sternum. **B**, Image obtained after chemotherapy shows regression of the cancer.



Scintigraphy

Scintigraphy is the process of obtaining an image using a radioisotope. The term is derived from Latin *scintilla*, meaning spark. Bone scintigraphy is commonly called a bone scan, and lung scintigraphy is commonly called a lung scan.

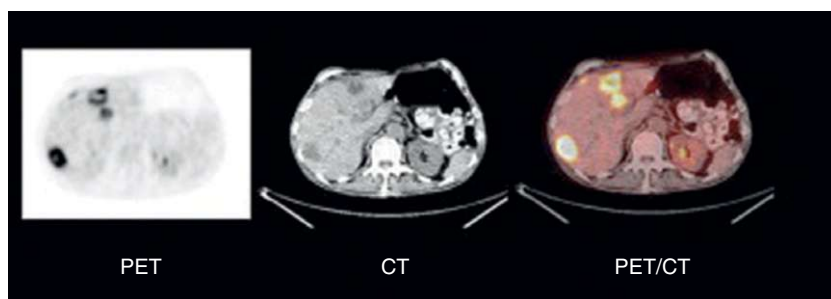
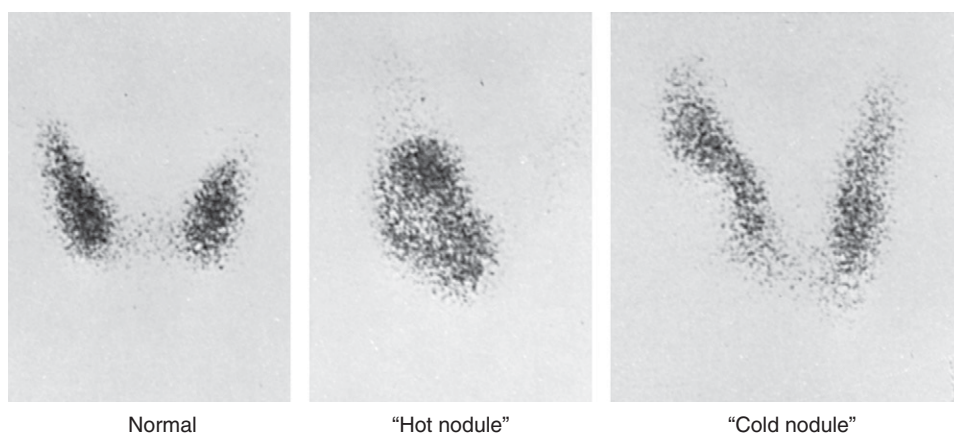


FIGURE 20-14 PET scan, CT scan, and PET/CT scan. (Courtesy UPMC, University of Pittsburgh.)

6. **Technetium Tc 99m Sestamibi (Cardiolite) scan.** This radiopharmaceutical is injected intravenously and traced to heart muscle. An exercise tolerance test (ETT) is used with it for an ETT-MIBI scan. In a **multiple gated acquisition (MUGA)** scan, Tc-99m is injected intravenously to study the motion of the heart wall muscle and the ventricle's ability to eject blood (ejection fraction).
7. **Thallium scan.** Thallium-201 (TL-201) is injected intravenously to evaluate myocardial perfusion. A high concentration of TL-201 is present in well-perfused heart muscle cells, but infarcted or scarred myocardium does not take up any thallium, showing up as "cold spots." If the defective area is ischemic, the cold spots fill in (become "warm") on delayed images (obtained later).
8. **Thyroid scan.** In a thyroid scan, an iodine radionuclide, usually iodine-123 (I-123), is administered orally, and the scan reveals the size, shape, and position of the thyroid gland. Alternatively, radioactive technetium can be administered intravenously. Hyperfunctioning thyroid nodules (adenomas) accumulate higher amounts of radioactivity and are termed "hot." Thyroid carcinoma does not concentrate radioiodine well and is seen as a "cold" spot on the scan. Figure 20-15 shows thyroid scans.



Normal

"Hot nodule"

"Cold nodule"

FIGURE 20-15 I-123 thyroid scans. The scan of a "hot nodule" shows a darkened area of increased uptake of iodine, which indicates an active nodule. Chances are very good that the nodule is benign. The scan of a "cold nodule" shows an area of decreased uptake, which indicates a nonfunctioning region, a common occurrence when normal tissue is replaced by malignancy.

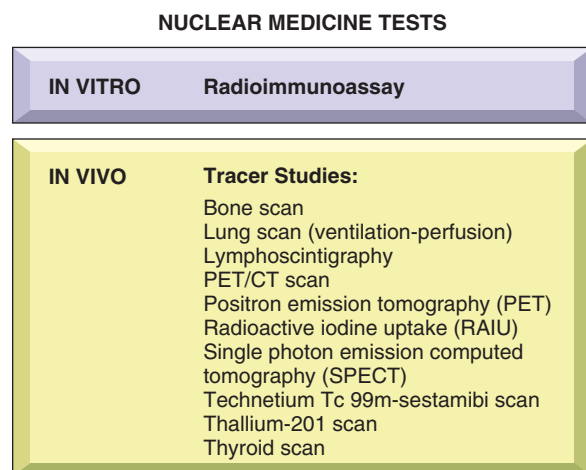


FIGURE 20-16 In vitro and in vivo nuclear medicine diagnostic tests.

A **radioactive iodine uptake (RAIU)** study is performed to assess the function of the thyroid gland (such as hyperthyroidism). The patient is given radioactive iodine (in this case, I-131), also called radioiodine, in liquid or capsule form, and then a sensor is placed over the thyroid gland. It detects gamma rays emitted from the radioactive tracer, which is taken up by the thyroid more readily than by other tissues. Radioiodine also is used to treat hyperthyroidism, thyroid nodules, or thyroid cancer. After the patient swallows the I-131, it is absorbed into the bloodstream and then travels to the thyroid gland, where it destroys overactive thyroid tissue.

Figure 20-16 reviews in vitro and in vivo nuclear medicine diagnostic tests.

20



VOCABULARY

This list reviews many of the new terms introduced in the text. Short definitions reinforce your understanding of the terms. Refer to the Pronunciation of Terms on page 876 for help with unfamiliar or difficult words.

computed tomography (CT)	Diagnostic x-ray procedure whereby a cross-sectional image of a specific body segment is produced. Newer CT scanners can create 3D images as well.
contrast studies	Radiopaque materials (contrast media) are injected to obtain contrast with surrounding tissue when shown on the x-ray film.
gamma camera	Machine to detect gamma rays emitted from radiopharmaceuticals during scanning for diagnostic purposes.
gamma rays	High-energy rays emitted by radioactive substances in tracer studies.
half-life	Time required for a radioactive substance to lose half its radioactivity by disintegration.
interventional radiology	Therapeutic or diagnostic procedures performed by a radiologist. Examples are needle biopsy of a mass and drainage of an abscess, typically under the guidance of CT or fluoroscopy.
in vitro	Process, test, or procedure is performed, measured, or observed outside a living organism, often in a test tube.
in vivo	Process, test, or procedure is performed, measured, or observed within a living organism.

ionization	Transformation of electrically neutral substances into electrically charged particles. X-rays cause ionization of particles within tissues.
magnetic resonance imaging (MRI)	Magnetic field and radio waves produce sagittal, coronal, and axial images of the body.
nuclear medicine	Medical specialty that uses radioactive substances (radionuclides) in the diagnosis of disease.
positron emission tomography (PET)	Positron-emitting radioactive substances given intravenously create a cross-sectional image of cellular metabolism based on local concentration of the radioactive substance. PET scans give information about metabolic activity.
radioimmunoassay	Test combines radioactive chemicals and antibodies to detect minute quantities of substances in a patient's blood.
radioisotope	Radioactive form of an element substance; radionuclide.
radiolabeled compound	Radiopharmaceutical; used in nuclear medicine studies.
radiology	Medical specialty concerned with the study of x-rays and their use in the diagnosis of disease. It includes other forms of energy, such as ultrasound and magnetic waves. Also called diagnostic radiology .
radiolucent	Permitting the passage of x-rays. Radiolucent structures appear black on x-ray images.
radionuclide	Radioactive form of an element that gives off energy in the form of radiation; radioisotope.
radiopaque	Obstructing the passage of x-rays. Radiopaque structures appear white on the x-ray images.
radiopharmaceutical	Radioactive drug (radionuclide plus chemical) that is administered safely for diagnostic and therapeutic purposes; a radiotracer. An example is technetium 99m, which combines with albumin (for lung perfusion) and DTPA (for renal imaging).
scan	Image of an area, organ or tissue of the body obtained from ultrasonography, radioactive tracer studies, computed tomography, or magnetic resonance imaging.
scintigraphy	Diagnostic nuclear medicine test using radiopharmaceuticals and gamma cameras to create images.
single photon emission computed tomography (SPECT)	Radioactive tracer is injected intravenously and a computer reconstructs a 3D image based on a composite of many views.
tagging	Attaching a radionuclide to a chemical and following its path in the body.
tracer studies	Radionuclides are used as tags, or labels, attached to chemicals and followed as they travel through the body.
ultrasonography (US, U/S)	Diagnostic technique that projects and retrieves high-frequency sound waves as they echo off parts of the body.
ultrasound transducer	Handheld device that sends and receives ultrasound signals.
uptake	Rate of absorption of a radionuclide into an organ or tissue.
ventilation-perfusion studies	Radiopharmaceutical is inhaled (ventilation) and injected intravenously (perfusion) followed by imaging its passage through the respiratory tract.



TERMINOLOGY

Write the meanings of the medical terms in the spaces provided.

COMBINING FORMS

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
is/o	same	radio <u>is</u> otope _____ <i>Top/o means place; isotopes of an element have similar structures but different weights and stability. A radioisotope (radionuclide) is an unstable form of an element that emits radioactivity.</i>	
pharmaceut/o	drug	radiopharmaceut <u>ic</u> al _____ <i>In this term, radi/o stands for radioactive.</i>	
radi/o	x-rays	<u>radi</u> ographer _____ <u>radi</u> ology _____	
son/o	sound	hystero <u>son</u> ogram _____ <i>Saline solution is injected through a catheter inserted into the vagina and cervical canal to the uterus, which is then examined by ultrasound imaging.</i>	
therapeut/o	treatment	<u>therapeut</u> ic _____	
vitro/o	glass	in <u>vitro</u> _____	
viv/o	life	in <u>vivo</u> _____	

SUFFIXES

SUFFIX	MEANING	TERMINOLOGY	MEANING
-gram	record	angiogram _____ hysterosalpingogram _____ pyelogram _____	
-graphy	process of recording	computed tomography _____ <i>Tom/o means to cut, as in viewing in slices.</i>	
-lucent	to shine	radiolucent _____ <i>Radiolucent (indicating that x-rays pass through easily) areas on x-ray images appear dark.</i>	
-opaque	obscure	radiopaque _____ <i>Radiopaque (indicating that x-rays do not penetrate) areas on x-ray images appear white/light.</i>	

PREFIXES

PREFIX	MEANING	TERMINOLOGY	MEANING
echo-	a repeated sound	<u>echocardiography</u> _____	
ultra-	beyond	<u>ultrasonography</u> _____	
		<i>Sound waves are beyond the normal range of those that a human can hear.</i>	



ABBREVIATIONS

Angio	angiography	MR, MRI	magnetic resonance, magnetic resonance imaging
AP	anteroposterior	MRA	magnetic resonance angiography
Ba	barium	MRV	magnetic resonance venography
BE	barium enema	MUGA	multiple-gated acquisition (scan)—radioactive test to show heart function
C-spine	cervical spine	PA	posteroanterior
CT	computed tomography	PACS	picture archival and communications system—replacement of traditional films with digital equivalents that can be accessed from several places and retrieved more rapidly
CXR	chest x-ray (film)	PET	positron emission tomography
Decub	decubitus—lying down	PET/CT	positron emission tomography/computed tomography—both studies are performed using a single machine
DICOM	digital image communication in medicine—standard protocol for transmission between imaging devices (e.g., CT scans and PACS workstations)	RAIU	radioactive iodine uptake (test)—evaluates the function of the thyroid gland
DI	diagnostic imaging	RFA	radiofrequency ablation
DSA	digital subtraction angiography	SBFT	small bowel follow-through
ECHO	echocardiography	SPECT	single photon emission computed tomography—radioactive substances and a computer are used to create 3D images
EUS	endoscopic ultrasonography	Tc-99m	radioactive technetium—used in heart, brain, thyroid, liver, bone, and lung scans
18F-FDG	fluorodeoxyglucose—radiopharmaceutical used in PET scanning	TL-201	thallium-201—radioisotope used in scanning heart muscle
Gd	gadolinium—MRI contrast agent	T-spine	thoracic spine
I-123	isotope of radioactive iodine—used in thyroid scans	UGI	upper gastrointestinal (series)
I-131	isotope of radioactive iodine—used in diagnosis (thyroid scan) and treatment for thyroid cancer	US, U/S	ultrasound; ultrasonography
IVP	intravenous pyelogram	V/Q scan	ventilation-perfusion scan of the lungs (Q stands for rate of blood flow or blood volume)
KUB	kidneys-ureters-bladder (series)—x-ray imaging of these organs without contrast medium		
LAT	lateral		
LS films	lumbosacral (spine) films		
L-spine	lumbar spine		
MDCT	multidetector CT scanner		



IN PERSON: CT AND MRI

The following first-person narrative provides a detailed look at two common diagnostic procedures—CT and MRI—from the perspective of the patient. It was written by a 77-year-old woman with head and neck cancer.

CT—COMPUTED TOMOGRAPHY

Before an upcoming surgical procedure, I was told that I would need to have a CT scan. The doctors wanted to see if the cancer on my scalp had spread into the bones in my skull. They explained that these images of my head would be in thin “slices,” taken as the CT camera rotated around me.

When I arrived in the room, I saw the CT machine. It was a large, circular hollow tube about 18 inches wide. There was a narrow table through the center. It was clear to me immediately that I would not have to worry about feeling “closed in.” I lay down on the table, and the technician explained he would add contrast through an intravenous (IV) line halfway through the procedure.

The table was rolled into the machine to a specific spot where a series of pictures were taken. There were several short periods when I was asked to stay as still as possible and hold my breath. The noise was minimal, just soft whirring and clicking. Halfway through the procedure, I was slid out of the machine on the table so that the contrast could be added to the IV line. Once I was back in the machine, more pictures were taken and the test was completed with a minimum of discomfort, much to my grateful surprise.



MRI-MAGNETIC RESONANCE IMAGING

Before yet another surgery procedure, my doctors requested an MRI exam. This time, they wanted to get the best possible image of my malignant tumor and the surrounding area. They explained that the MRI and CT procedures are similar in that they both produce images in thin slices, but that MRI shows more detail, especially of soft tissue.

The technician confirmed I had nothing metal (such as a pacemaker or surgical screws) inside or on my body. The magnet that is used in the MRI machine is so strong that it could cause any metal objects to shift. This movement could disrupt the imaging process or cause damage to tissue in my body.

The MRI machine is a 6 foot-long round tube, open on both ends. Because the body part to be examined was my head, a rubber shield was placed over and very close to my face to hold me in the correct position. I was then rolled inside to the middle of the tube. This was really uncomfortable for me because I have mild claustrophobia. I took deep breaths to relax myself.

Although the technicians had told me the procedure would be loud, I was still taken aback by just how loud it was inside the tube. Even though I was wearing earplugs, the sound was like the pounding of huge hammers held by giant arms, or of heavy-duty jackhammers. At the same time, there was an abrupt shaking of the entire machine from side to side. I knew immediately that this could be an overwhelming experience, so I used the “relax-substitution” method to replace these violent sounds with more familiar ones. I remembered a very loud time as my family and I made our way to Nantucket Island on a ferry for a brief vacation. Now the previously strident and threatening sound was replaced by the welcoming sound of the ferry horn bellowing a happy welcome to the visitors’ smiling faces as they came onto the ferry with straw hats, sunscreen, backpacks, and duffel bags. This relaxation method was extremely effective for me. I was then rolled out of the machine for addition of the IV contrast, and the process was repeated.

I am still amazed that the doctors could get such detailed information on what was going on inside my body using these two tests.



PRACTICAL APPLICATIONS

Answers to the questions are found on page 876.

CASE STUDY: MELANOMA FOLLOW-UP

Bill Smith, a 51-year-old sales representative, was initially diagnosed with stage III melanoma 4 years ago. He underwent surgery and received interferon treatment at that time. At his 3-month follow-up CT evaluation last year, Mr. Smith received bad news. The CT scan indicated a small 1-cm nodule that could be a melanoma metastasis. To confirm the diagnosis, Mr. Smith underwent a PET scan.

He was admitted to the nuclear medicine unit of the hospital on the morning of the scan. He had been instructed to fast (no food or beverage 12 hours before the scan). The nuclear medicine physician had told him especially not to eat any type of sugar, which would compete with the radiopharmaceutical ^{18}F -FDG (radiolabeled fluorodeoxyglucose), a radioactive glucose molecule that travels to every cell in the body.

The PET scan began with an injection of a trace amount of ^{18}F -FDG by the physician. Bill was asked to lie still for about an hour in a dark, quiet room and to avoid talking to prevent the compound from concentrating in the tongue and vocal cords. The waiting time allowed the ^{18}F -FDG to be absorbed and released from normal tissue. After emptying his bladder, Bill reclined on a bed that moved slowly and quietly through a PET scanner, a large tube similar to a CT scanner. The radioactive glucose emits charged particles called positrons, which interact with electrons, producing gamma rays that are in turn detected by the scanner. Color-coded images indicate the intensity of metabolic activity throughout the body. Cancerous cells absorb more radioactive glucose than noncancerous cells. The malignant cells show up brighter on the PET scan.

Bill's PET scan proved the CT wrong. His melanoma had not metastasized. He returned home quite relieved.

Questions

1. In CT scanning
 - a. A radioactive tracer is used
 - b. Magnetic images reveal images in all three planes of the body
 - c. A nuclear physician performs the ultrasound procedure
 - d. X-rays and a computer produce images in the axial plane
2. In PET scanning
 - a. A radioactive tracer is used
 - b. X-ray images reveal images in all three planes of the body
 - c. A nuclear physician performs the ultrasound procedure
 - d. Doppler ultrasound is used
3. Bill's case showed that
 - a. CT scanning and PET scanning are equally effective in diagnosis of metastases
 - b. PET scanning is useful in cancer diagnosis and staging
 - c. Melanoma never progresses to stage IV
 - d. A diet high in glucose helps concentrate the radioactive ^{18}F -FDG before the PET scan

GENERAL HOSPITAL: NUCLEAR MEDICINE DEPARTMENT**Available Radionuclides**

Radionuclide	Radiopharmaceutical	Administration Route	Target Organ
Xe-133	xenon gas	inhaled	lungs
Tc-99m	albumin microspheres	IV	lungs
Sr-87m (strontium)	solution	IV	bone
Tc-99m	diphosphonate	IV	bone
Tc-99m	pertechnetate	IV	brain
Tc-99m	sulfur colloid	IV	liver/spleen
Tc-99m	HIDA	IV	gallbladder
Tc-99m	DTPA	IV	kidney
Tc-99m	DMSA	IV	kidney
I-123	sodium iodide	PO	thyroid
I-131	sodium iodide	PO	thyroid
TL-201 (thallium)	thallium chloride	IV	heart
Tc-99m	sestamibi	IV	heart
Ga-67 (gallium)	gallium citrate	IV	tumors and abscesses

DMSA, dimercaptosuccinic acid; DTPA, diethylenetriaminepentaacetic acid; HIDA, *N*-(2,6-dimethyl)iminodiacetic acid; IV, intravenous, PO, oral.

Questions about the General Hospital: Nuclear Medicine Department

- Which radionuclide is used with sestamibi in an ETT of heart function?
 - Thallium-201
 - Iodine-131
 - Gallium-67
 - Technetium-99m
- Which radionuclide would be used to diagnose disease in an endocrine gland?
 - Ga-67
 - I-123
 - Xe-123
 - Sr-87m



EXERCISES

Remember to check your answers carefully with the Answers to Exercises, page 875.

A Complete the medical terms based on the definitions and word parts given.

1. Obstructing the passage of x-rays: radio_____
2. Permitting the passage of x-rays: radio_____
3. Aids physicians in performing ultrasound procedures: _____grapher
4. Transformation of stable substances into charged particles: _____ization
5. Radioactive drug administered for diagnostic purposes: radio_____
6. Radioactive chemical that gives off energy in the form of radiation: radio_____
7. A physician who specializes in diagnostic radiology: radi_____
8. Study of the uses of radioactive substances in the diagnosis of disease: _____medicine

B Match the special diagnostic techniques below with their definitions.

computed tomography
contrast studies
interventional radiology

magnetic resonance imaging
ultrasonography

1. Radiopaque substances are given and conventional x-rays taken _____.
2. Use of echoes of high-frequency sound waves to diagnose disease _____.
3. A magnetic field and radio waves are used to form images of the body _____.
4. X-ray pictures are taken circularly around an area of the body, and a computer synthesizes the information into composite images _____.
5. Therapeutic procedures are performed by a radiologist under the guidance of CT, MRI, or ultrasonography _____.

C Match the diagnostic x-ray test in Column I with the part of the body that is imaged in Column II.

COLUMN I

1. myelography _____
2. retrograde pyelography _____
3. angiography _____
4. upper GI series _____
5. cholangiography _____
6. barium enema _____
7. hysterosalpingography _____

COLUMN II

- A. spinal cord
- B. uterus and fallopian tubes
- C. blood vessels
- D. esophagus, stomach, and small intestine
- E. lower gastrointestinal tract
- F. urinary tract
- G. bile vessels (ducts)

D Match the x-ray views or positions in Column I with their meanings in Column II. Write the letter of the answer in the space provided.

COLUMN I

1. PA _____
2. supine _____
3. prone _____
4. AP _____
5. lateral _____
6. oblique _____
7. lateral decubitus _____
8. adduction _____
9. inversion _____
10. abduction _____
11. recumbent _____
12. eversion _____
13. flexion _____
14. extension _____

COLUMN II

- A. on the side
- B. turned inward
- C. movement away from the midline
- D. lying on the belly
- E. x-ray tube positioned on an angle
- F. bending a part
- G. straightening a limb
- H. lying on the back
- I. lying down on the side
- J. lying down; prone or supine
- K. anteroposterior view (front to back)
- L. turning outward
- M. posteroanterior view (back to front)
- N. movement toward the midline

E Give the meanings of the following medical terms.

1. in vitro _____
2. in vivo _____
3. radiopharmaceutical _____
4. tracer studies _____
5. uptake _____
6. perfusion lung scan _____
7. ventilation lung scan _____
8. bone scan _____
9. thyroid scan _____
10. technetium Tc 99m Sestamibi scan _____

F Give the meanings of the following terms.

1. gamma camera _____
2. positron emission tomography (PET) _____
3. radioisotope _____
4. transducer _____
5. echocardiography _____
6. lymphoscintigraphy _____
7. radioactive iodine uptake test _____
8. PET/CT scan _____

G Give the meanings of the following word parts.

- | | |
|-----------------|-----------------------|
| 1. -gram _____ | 5. pharmaceut/o _____ |
| 2. ultra- _____ | 6. son/o _____ |
| 3. vitr/o _____ | 7. therapeut/o _____ |
| 4. viv/o _____ | |

H Give the meanings of the abbreviations in Column I and then select from Column II the best association for each.

COLUMN I

1. MRI _____
2. SPECT _____
3. PACS _____
4. UGI _____
5. CXR _____
6. DSA _____
7. IVP _____
8. LAT _____
9. U/S _____
10. Tc-99m _____

COLUMN II

- A. X-ray examination of the kidney after injection of contrast
- B. Diagnostic procedure frequently used to assess fetal size and development
- C. X-ray examination of the esophagus, stomach, and intestines
- D. X-ray of blood vessels made by taking two images (with and without contrast) and subtracting the digitized data for one from the data for the other
- E. Radioisotope used in nuclear medicine (tracer studies)
- F. Radioactive substances and a computer used to create 3D images
- G. Diagnostic procedure produces magnetic resonance images of all three planes of the body and visualizes soft tissue in the nervous and musculoskeletal systems
- H. Replacement of traditional films with digital equivalents
- I. X-ray view from the side
- J. Diagnostic procedure (x-rays are used) necessary to investigate thoracic disease

I Circle the correct term to complete each sentence.

1. Mr. Jones was scheduled for ultrasound-guided thoracentesis. He was sent to the (**interventional radiology, radiation oncology, nuclear medicine**) department for the procedure.
2. In order to better visualize Mr. Smith's small intestine, Dr. Wong ordered a (**perfusion study, SBFT, hysterosalpingography**). She hoped to determine why he was having abdominal pain and diarrhea.
3. After a head-on automobile collision, Sam was taken to the emergency department in an unconscious state. The paramedics suspected head trauma, and the doctors ordered an emergency (**PET scan, U/S, CT scan**) of his head.
4. In light of Sue's symptoms of fever, cough, and malaise, the doctors thought that the consolidated, hazy (**radioisotope, radiolucent, radiopaque**) area on the chest x-ray represented a pneumonia.
5. Fred, a lung cancer patient, experienced a seizure recently. His oncologist ordered a brain (**ultrasound, pulmonary angiogram, MRI**) that showed a tumor involving the left frontal lobe of the brain. Fred was treated with Gamma Knife irradiation, and the tumor decreased in size. He has had no further seizures.
6. Tom recently developed a cough and fever. A chest x-ray and (**CT, myelogram, IVP**) of the chest show that a (**pelvic, spinal, mediastinal**) mass is present. (**Mediastinoscopy, Cystoscopy, Lumbar puncture**) and biopsy of the mass reveal Hodgkin disease on histopathologic examination. He is treated with chemotherapy, and his symptoms disappear. A repeat x-ray shows that the mass has decreased remarkably, and a (**SPECT, MRI, PET**) scan shows no uptake of 18F-FDG in the chest, indicating that the mass is fibrosis and not tumor.
7. Paola, a 50-year-old woman with diabetes, experiences chest pain during a stress test, and her (**U/S, ECG, EEG**) shows evidence of ischemia. A (**contrast agent, transducer, radiopharmaceutical**) called technetium Tc 99m sestamibi (Cardiolite) is injected IV, and uptake is assessed with a (**probe, CT scanner, gamma camera**), which shows an area of poor perfusion in the left ventricle.
8. Sally has a routine pelvic examination, and her (**neurologist, gynecologist, urologist**) feels an irregular area of enlargement in the anterior wall of the uterus. A pelvic (**angiogram, U/S study, PET scan**) is performed, which demonstrates the presence of fibroids in the uterine wall. The examination involves placing a gel over her abdominopelvic area and applying a (**ultrasound transducer, radionuclide, MRI scanner**) to send/receive sound vibrations to/from the pelvic region.
9. Sally was having palpitations in the early evening. An ECG revealed possible left ventricular hypertrophy. Her physician ordered an (**ECHO, EUS, UGI**) to rule out valvular heart disease.
10. Joe, a 75-year-old man with a long smoking history, noticed blood in his sputum. His primary care physician ordered a/an (**abdominal CT, chest CT, ultrasound of his heart**) to make the diagnosis.

ANSWERS TO EXERCISES

A

- | | | |
|----------------|---------------------------------|----------------|
| 1. radiopaque | 4. ionization | 7. radiologist |
| 2. radiolucent | 5. radiopharmaceutical | 8. nuclear |
| 3. sonographer | 6. radioisotope or radionuclide | |

B

- | | |
|-------------------------------|-----------------------------|
| 1. contrast studies | 4. computed tomography |
| 2. ultrasonography | 5. interventional radiology |
| 3. magnetic resonance imaging | |

C

- | | | |
|------|------|------|
| 1. A | 4. D | 6. E |
| 2. F | 5. G | 7. B |
| 3. C | | |

D

- | | | |
|------|-------|-------|
| 1. M | 6. E | 11. J |
| 2. H | 7. I | 12. L |
| 3. D | 8. N | 13. F |
| 4. K | 9. B | 14. G |
| 5. A | 10. C | |

E

- | | | |
|---|---|--|
| 1. process, test, or procedure in which something is measured or observed outside a living organism | 5. the rate of absorption of a radionuclide into an organ or tissue | 8. imaging technique in which a radiopharmaceutical is given intravenously and taken up by bone tissue, followed by scanning to detect the amount of the radioactive substance in the bone |
| 2. process, test, or procedure in which something is measured or observed in a living organism | 6. imaging technique in which a radiopharmaceutical is injected intravenously and traced within the blood vessels of the lung scanned | 9. imaging technique in which a radioactive substance is given orally and a scan (image) is made to assess its uptake in the thyroid gland |
| 3. radioactive drug (radionuclide plus chemical) that is given for diagnostic or therapeutic purposes | 7. imaging technique in which a radiopharmaceutical is inhaled and its passage through the respiratory tract is traced on a scan | 10. test of heart muscle function |
| 4. tests in which radioactive substance (radioisotopes) are administered with chemicals and followed as they travel throughout the body | | |

F

- | | | |
|--|---|--|
| 1. machine that detects rays emitted by radioactive substances | 4. handheld device that sends and receives ultrasound signals | 7. nuclear medicine test to evaluate the function of the thyroid gland |
| 2. radioactive glucose is injected and traced to body cells | 5. ultrasound is used to create an image of the heart | 8. combination of a PET scan and a CT scan to show both structure and function of the body |
| 3. a radioactive form (radionuclide) of a substance; gives off radiation | 6. nuclear medicine imaging of the lymphatic system | |

G

- | | | |
|-----------|---------|--------------|
| 1. record | 4. life | 6. sound |
| 2. beyond | 5. drug | 7. treatment |
| 3. glass | | |

H

- | | | |
|--|---------------------------------------|-------------------------------|
| 1. magnetic resonance imaging: G | 4. upper gastrointestinal (series): C | 8. lateral: I |
| 2. single photon emission computed tomography: F | 5. chest x-ray: J | 9. ultrasound: B |
| 3. picture archival and communications system: H | 6. digital subtraction angiography: D | 10. radioactive technetium: E |
| | 7. intravenous pyelogram: A | |

I

- | | | |
|--------------------------------------|---|----------------------------------|
| 1. interventional radiology | 6. CT, mediastinal, mediastinoscopy, PET | 8. gynecologist, U/S, transducer |
| 2. SBFT (small bowel follow-through) | 7. ECG, radiopharmaceutical, gamma camera | 9. ECHO |
| 3. CT scan | | 10. chest CT |
| 4. radiopaque | | |
| 5. MRI | | |

Answers to Practical Applications**Case Study: Melanoma Follow-up**

1. d
2. a
3. b

General Hospital: Nuclear Medicine Department

1. d
2. b

**PRONUNCIATION OF TERMS**

To test your understanding of the terminology in this chapter, write the meaning of each term in the space provided. In addition, you may wish to cover the terms and write them by looking at your definitions. Make sure your spelling is correct. The page number after each term indicates where it is defined or used in the book, so you can easily check your responses. You will find complete definitions for all of these terms and their audio pronunciations on the Evolve website.

Pronunciation Guide

ā as in ināpe	ă as in äpple
ē as in ēven	ě as in ěvery
ī as in īce	ĩ as in ĩnterest
ō as in ōpen	ő as in pőt
ū as in ūnit	ű as in űnder

TERM	PRONUNCIATION	MEANING
abduction (860)	ăb-DŮK-shŭn	_____
adduction (860)	ă-DŮK-shŭn	_____
angiogram (866)	ĂN-jē-ō-grām	_____
anteroposterior (859)	ăn-tēr-ō-pōs-TĒ-rē-ör	_____
bone scan (861)	bōn skān	_____
cholangiography (854)	kō-lăn-jē-ÖG-ră-fē	_____
computed tomography (864)	kôm-PŪ-těd tō-MÖG-ră-fē	_____
contrast studies (864)	KÖN-trăst STŮD-ēz	_____
echocardiography (867)	ěk-ō-kăr-dē-ÖG-ră-fē	_____
eversion (860)	ē-VĚR-zhŭn	_____
extension (860)	ěk-STĚN-shŭn	_____
flexion (860)	FLEK-shŭn	_____

TERM	PRONUNCIATION	MEANING
fluoroscopy (856)	floo-RÖS-kō-pē	_____
gamma camera (864)	GĂ-mă KĂM-ēr-ă	_____
gamma rays (864)	GĂ-mă rāz	_____
half-life (860)	HĀF-lif	_____
hysterosalpingogram (866)	hīs-tēr-ō-sāl-PĪNG-gō-grām	_____
hysterosonogram (866)	hīs-tēr-ō-SÖN-ō-grām	_____
interventional radiology (864)	in-tēr-VĒN-shūn-āl rā-dē-ÖL-ō-jē	_____
inversion (860)	in-VĒR-zhūn	_____
in vitro (864)	in VĒ-trō	_____
in vivo (864)	in VĒ-vō	_____
ionization (865)	i-ön-ī-ZĀ-shūn	_____
lateral decubitus (860)	LĀ-tēr-āl dē-KŪ-bī-tūs	_____
lymphoscintigraphy (862)	līm-fō-sīn-TĪG-rā-fē	_____
magnetic resonance imaging (865)	măg-NĒT-ik RĒZ-ō-nāns ĪM-ă-jīng	_____
myelography (855)	mī-ē-LÖG-rā-fē	_____
nuclear medicine (865)	NOO-klē-ār MĒD-ī-sīn	_____
oblique (859)	ō-BLĒK	_____
PET/CT scan (862)	PĒT-CT scān	_____
positron emission tomography (865)	PÖS-ī-trōn ē-MĪSH-ūn tō-MÖG-rā-fē	_____
posteroanterior (859)	pōs-tēr-ō-ān-TĒ-rē-ör	_____
prone (860)	prōn	_____
pyelogram (866)	PĪ-ē-lō-grām	_____
radiographer (866)	rā-dē-ÖG-rā-fēr	_____
radioimmunoassay (865)	rā-dē-ō-ī-mū-nō-ĀS-ă	_____
radioisotope (865)	rā-dē-ō-Ī-sō-tōp	_____
radiolabeled compound (865)	rā-dē-ō-LĀ-bēld KÖM-pownd	_____
radiology (865)	rā-dē-ÖL-ō-gē	_____
radiolucent (865)	rā-dē-ō-LÖÖ-sēnt	_____
radionuclide (865)	rā-dē-ō-NÖÖ-klid	_____

TERM	PRONUNCIATION	MEANING
radiopaque (865)	rā-dē-ō-PĀK	_____
radiopharmaceutical (865)	rā-dē-ō-fār-mă-SŪ-tī-kāl	_____
recumbent (860)	rē-KŪM-běnt	_____
scan (865)	scăn	_____
scintigraphy (865)	SĪN-tě-gră-fē	_____
single photon emission computed tomography (865)	SĪNG-l PHŌ-tôn ē-Mĭ-shŭn kôm-PŪ-těd tō-MÖG-ră-fē	_____
sonogram (856)	SÖN-ō-grăm	_____
supine (860)	SOO-pīn	_____
tagging (865)	TĀG-ĭng	_____
technetium Tc 99m sestamibi scan (863)	těk-NĒ-shē-ŭm Tc 99m sēs-tă-Mĭ-bē skăn	_____
thallium scan (863)	THĀL-ē-ŭm skăn	_____
therapeutic (866)	thēr-ă-PŪ-tik	_____
thyroid scan (863)	THĪ-rōyd skăn	_____
tracer studies (865)	TRĀ-sēr STŪ-dēz	_____
ultrasonography (865)	ŭl-tră-sō-NÖG-ră-fē	_____
ultrasound transducer (865)	ŭl-tră-SOWND trănz-DOO-sēr	_____
uptake (865)	ŬP-tāk	_____
urography (856)	ŭ-RÖG-ră-fē	_____
ventilation-perfusion studies (865)	věn-tī-LĀ-shŭn-pěr-FŪ-shŭn STŪ-dēz	_____



REVIEW SHEET

Write the meanings of the combining forms in the spaces provided, and test yourself. Check your answers with the information in the text or in the Glossary (Medical Word Parts—English) at the end of the book.

Combining Forms

COMBINING FORM	MEANING	COMBINING FORM	MEANING
ion/o	_____	son/o	_____
is/o	_____	therapeut/o	_____
myel/o	_____	vitro/o	_____
pharmaceut/o	_____	viv/o	_____
radi/o	_____		

Suffixes

SUFFIX	MEANING	SUFFIX	MEANING
-gram	_____	-lucent	_____
-graphy	_____	-opaque	_____

Prefixes

PREFIX	MEANING	PREFIX	MEANING
echo-	_____	ultra-	_____

 Please refer to the Evolve website for additional exercises, games, and images related to this chapter.

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CHAPTER 21

Pharmacology

This chapter is divided
into the following sections:

Introduction, 882

Drug Names, Standards, and References, 883

Administration of Drugs, 884

Drug Actions and Interactions, 886

Drug Toxicity, 886

Classes of Drugs, 887

Vocabulary, 897

Terminology, 901

Abbreviations, 903

Practical Applications, 904

Exercises, 907

Answers to Exercises, 913

Pronunciation of Terms, 915

Review Sheet, 919

CHAPTER GOALS

- Describe the various subspecialty areas of pharmacology.
- Identify the various routes of drug administration.
- Differentiate among the various classes of drugs and name their primary actions and side effects.
- Define medical terms using combining forms and prefixes that relate to pharmacology.
- Apply your new knowledge to understanding medical terms in their proper contexts, such as medical reports and records.

INTRODUCTION

Drugs (medicines) are substances used to prevent or treat a condition or disease. Some drugs are obtained from parts of **plants**, such as the roots, leaves, and fruit. An example of a plant-derived drug is a cardiac medicine, digitalis (from the foxglove plant). Other drugs (antibiotics such as penicillin) are obtained from yeast, molds, and fungi. Drugs also are obtained from **animals**; for example, hormones are secretions from the glands of animals. Some drugs are **synthesized** in a laboratory. Anticancer drugs such as methotrexate and 5-fluorouracil are laboratory-synthesized drugs. **Vitamins** are drugs that are isolated from plant or animal sources and are contained in foods.

A **pharmacist** prepares and dispenses drugs through a **pharmacy** (drugstore) on a written order from a physician. The order is called a **prescription**. Currently, most schools or colleges of pharmacy offer a PharmD (doctor of pharmacy) degree after 6 or 7 years of study. As a health care professional, a pharmacist cooperates with, consults with, and sometimes advises licensed practitioners concerning drugs. In addition, the pharmacist answers patients' questions about their prescription. A **pharmacy technician** helps licensed pharmacists provide medication and other health care products to patients.

Pharmacology is the study of the discovery, properties, uses, and actions of drugs. A **pharmacologist** is either an MD (doctor of medicine) or a PhD (doctor of philosophy) who specializes in the study of medicines. Pharmacology contains many subdivisions of study: **medicinal chemistry**, **pharmacodynamics**, **pharmacokinetics**, **molecular pharmacology**, **chemotherapy**, and **toxicology**.

Medicinal chemistry is the study of new drug synthesis and the relationship between chemical structure and biological effects. **Pharmacodynamics** involves the study of a drug's effects in the body. **Pharmacokinetics** is the study of a drug's absorption (how drugs pass into the bloodstream), distribution into body compartments, metabolism (changes that drugs undergo within the body), and excretion (removal of the drug from the body) over a period of time.

Molecular pharmacology involves the interaction of drugs and subcellular entities, such as DNA, RNA, and enzymes. It provides important information about the mechanism of action of drugs.

Chemotherapy is the study of drugs that destroy microorganisms, parasites, or malignant cells within the body. Chemotherapy includes treatment of infectious diseases and cancer.

Toxicology is the study of the harmful effects of drugs and chemicals on the body. Toxicologic studies in animals are required by law before new drugs can be tested in humans. A toxicologist also is interested in finding proper **antidotes** to any harmful effects of drugs. Antidotes are substances given to neutralize unwanted effects of drugs.

Figure 21-1 reviews the subspecialty areas of pharmacology.

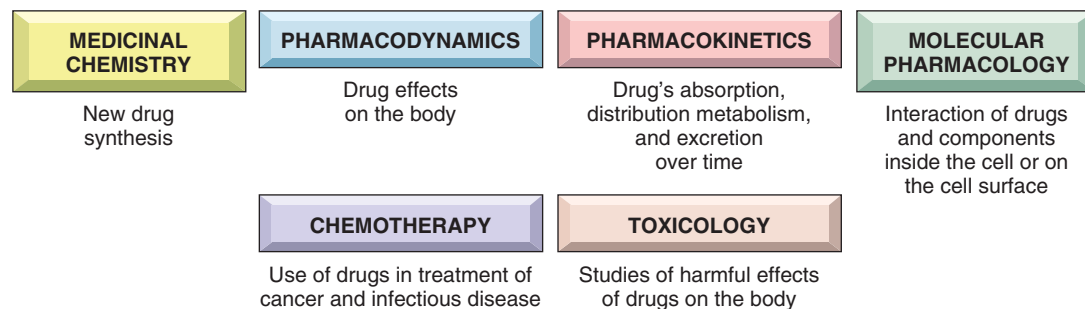


FIGURE 21-1 Subspecialty areas of pharmacology.

DRUG NAMES, STANDARDS, AND REFERENCES

NAMES

A drug can have three different names. The **chemical name** specifies the exact chemical makeup of the drug. This name often is long and complicated.

The **generic name**, typically shorter and less complicated, identifies the drug legally and scientifically. The generic name becomes public property after 17 years of use by the original manufacturer, and any drug manufacturer may use it thereafter. There is only one generic name for each drug.

The **brand name** or trademark is the private property of the individual drug manufacturer, and no competitor may use it. A brand name (also called trade name) often has the superscript ® after or before the name, indicating that it is a registered brand name. Drugs can have several brand names, because each manufacturer producing the drug gives it a different name. When a specific brand name is ordered on a prescription by a physician, it must be dispensed by the pharmacist; no other brand name may be substituted. It is usual practice to capitalize the first letter of a brand name.

The following example shows the chemical, generic, and brand names for the antibiotic drug amoxicillin; note that the drug has several brand names but only one generic, or official, name:

CHEMICAL NAME	GENERIC NAME	BRAND NAMES
[2S,5R,6R]-6-[(R)-(-)-2-amino-2-(p-hydroxyphenyl) acetamido]-3,3-dimethyl-7-oxo-4-thia-1-azabicyclo[3.2.0]heptane-2-carboxylic acid	amoxicillin	Amoxil Polymox Trimox

STANDARDS

The U.S. **Food and Drug Administration (FDA)** has the legal responsibility for deciding whether a drug may be disseminated and sold. It sets strict standards for efficacy (effectiveness) and purity and requires extensive experimental testing in animals and people before it approves a new drug for sale for a specific medical use, or indication, such as for treatment of tuberculosis. An independent committee of physicians, pharmacologists, pharmacists, and manufacturers, called the **United States Pharmacopeia (USP)**, reviews the available commercial drugs and continually reappraises their effectiveness. Three important standards of the USP are that the drug must be safe, clinically useful (effective for patients), and available in pure form (made by good manufacturing methods). If a drug has USP after its name, it has met with the standards of the Pharmacopeia.

REFERENCES

Two large reference listings of drugs are available at libraries and hospitals. The most complete and up-to-date listing is the **hospital formulary**, which gives information about the characteristics of drugs and their clinical usage (application to patient care) as approved by that particular hospital.

The **Physicians' Desk Reference (PDR)** is published by a private firm, and drug manufacturers pay to have their products listed. The PDR is a useful reference with several different indices to identify drugs, along with a complete description of the drug's properties and approved indications. It also gives precautions, warnings about side effects, and information about the recommended dosage and administration of each drug.

ADMINISTRATION OF DRUGS

The route of administration of a drug (how it is taken into the body) determines how well it is absorbed into the blood, and its speed and duration of action.

Various methods of administering drugs are:

Oral Administration. Drugs given by mouth are slowly absorbed into the bloodstream through the stomach or intestinal wall. This method, although convenient for the patient, has several disadvantages. If the drug is destroyed in the digestive tract by digestive juices, or if the drug is unable to pass through the intestinal wall, it will be ineffective. Oral administration is also a disadvantage if a rapid onset of action is desired. It takes several hours for oral medication to be fully absorbed into the bloodstream.

Sublingual Administration. Drugs placed under the tongue dissolve in the saliva. For some agents, absorption may be rapid. Nitroglycerin tablets are administered in this way to treat attacks of angina (chest pain).

Rectal Administration. Suppositories (cone-shaped objects containing drugs) and aqueous solutions are inserted into the rectum. Drugs are given by rectum when oral administration presents difficulties, as when the patient is nauseated and vomiting.

Parenteral Administration. Injection of drug from a **syringe** (tube) through a hollow needle placed under the skin, into a muscle, vein, or body cavity. There are several types of parenteral injections and instillations:

1. **Intracavitary instillation.** This injection is made into a body cavity, such as the peritoneal or pleural cavity. For example, drugs may be introduced into the pleural cavity in people who have pleural effusions due to malignant disease. The drug causes the pleural surfaces to adhere, thereby obliterating the pleural space and preventing the accumulation of fluid. This procedure is known as **pleurodesis**.
2. **Intradermal injection.** This shallow injection is made into the upper layers of the skin and is used chiefly in skin testing for allergic reactions.
3. **Subcutaneous (hypodermic) injection (subQ).** A small hypodermic needle is introduced into the subcutaneous tissue under the skin, usually on the upper arm, thigh, or abdomen. Insulin is injected daily via this route.
4. **Intramuscular injection (IM).** The buttock or upper arm is the usual site for this injection into muscle. When drugs are irritating to the skin or when a large volume of solution must be administered, IM injections are used.
5. **Intrathecal instillation.** This instillation occurs in the space under the membranes (meninges) surrounding the spinal cord and brain. Methotrexate (a cancer chemotherapeutic drug) is introduced intrathecally for treatment of leukemia involving the spinal canal.
6. **Intravenous injection (IV).** This injection is given directly into a vein. It is used when an immediate effect from the drug is desired or when the drug cannot be safely introduced into other tissues. Good technical skill is needed with intravenous injections because leakage of a drug into surrounding tissues may result in irritation and inflammation. Some medicines, such as anticancer drugs, are dissolved in a large volume of saline (sterile salt solution) and given by a several-hour-long intravenous infusion.
7. **Pumps.** Battery-powered pumps may be used for continuous administration of drugs by the subcutaneous or intravenous route.

Inhalation. Vapors, or gases, taken into the nose or mouth are absorbed into the bloodstream through the thin walls of air sacs in the lungs. **Aerosols** (particles of drug suspended in air) are administered by inhalation, as are many anesthetics. Examples of aerosols

TABLE 21-1 ROUTES OF DRUG ADMINISTRATION					
Oral	Sublingual	Rectal	Parenteral	Inhalation	Topical
Caplets Capsules Tablets	Tablets	Suppositories	Injections and instillations Intracavitary Intradermal Intramuscular Intrathecal Intravenous Pumps Subcutaneous	Aerosols	Lotions Creams Ointments Transdermal patches

are pentamidine, used to prevent a form of pneumonia associated with acquired immunodeficiency syndrome (AIDS), and various aerosolized medicines used to treat asthma (spasm of the lung airways).

Topical Application. Drugs are applied locally on the skin or mucous membranes of the body. **Antiseptics** (against infection) and **antipruritics** (against itching) commonly are used as ointments, creams, and lotions. **Transdermal patches** are used to deliver drugs (such as estrogen for hormone replacement therapy, pain medications, and nicotine for smoking cessation programs) continuously through the skin.

Table 21-1 summarizes the various routes of drug administration. Figure 21-2 illustrates examples of vehicles for drug administration.

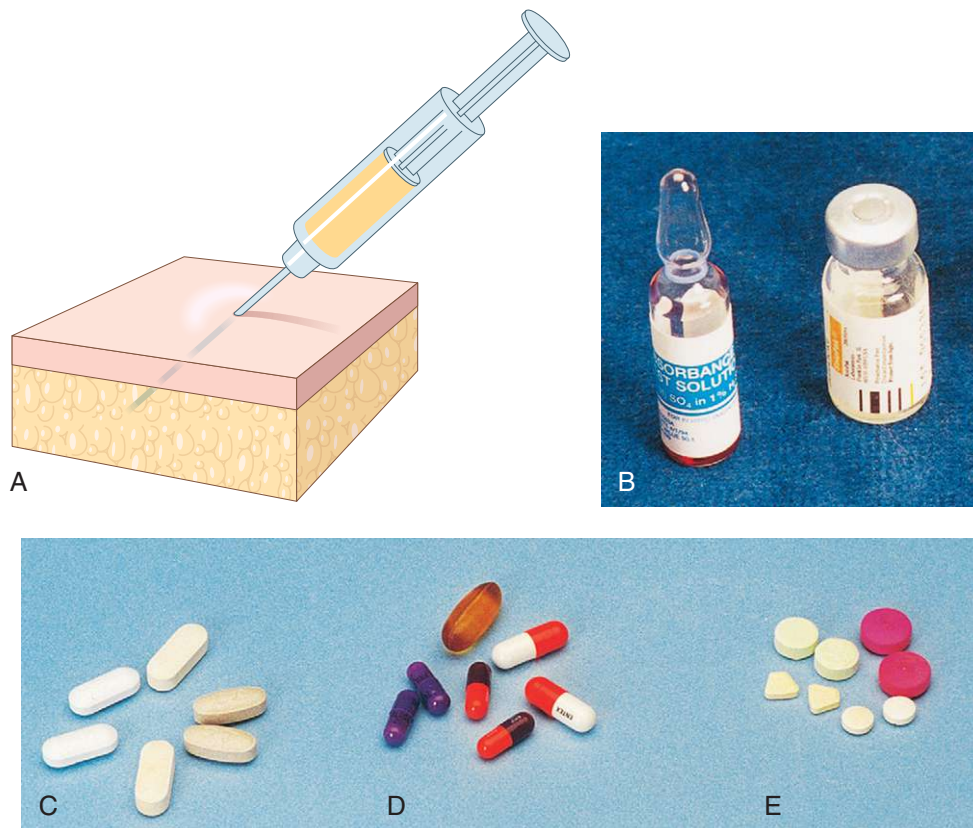


FIGURE 21-2 Examples of vehicles for drug administration. **A**, Hypodermic syringe. **B**, Ampule (small, sterile glass or plastic container containing a single dose of drug) and vial (glass container with a metal-enclosed rubber seal.) **C**, Caplets (coated like a capsule, but solid like a tablet). **D**, Capsules (small soluble containers, usually made of gelatin, used for a dose of medication for swallowing). **E**, Tablets (small solid pills containing a dose of medication).

DRUG ACTIONS AND INTERACTIONS

When a drug enters the body, the target substance with which the drug interacts to produce its effects is called a **receptor**. A drug may cross the cell membrane to reach its intracellular receptor or may react with a receptor on the cell's surface. The **dose** of a drug is the amount of drug administered, usually measured in milligrams or grams. **Schedule** is the exact timing and frequency of drug administration.

Various actions and interactions of drugs in the body can occur after they have been absorbed into the bloodstream.

Additive Action. If the combination of two similar drugs is equal to the **sum** of the effects of each, then the drugs are called additive. For example, if drug A gives 10% tumor kill as a chemotherapeutic agent and drug B gives 20% tumor kill, using A and B together would give 30% tumor kill.

If two drugs give less than an additive effect, they are called **antagonistic**. If they produce greater than additive effects, they are **synergistic** (as described next).

Synergism. A combination of two drugs sometimes can cause an effect that is **greater** than the sum of the individual effects of each drug given alone. For example, INH (isoniazid) and rifampin, two antibiotic drugs, are given together in the treatment of tuberculosis because of their synergistic effect.

Response. This is a desired and beneficial effect of a drug. Lowering blood pressure by antihypertensive drugs is an example.

Tolerance. For some drugs, the effects of a given dose diminish as treatment continues, and increasing amounts are needed to produce the same effect. Tolerance is a feature of addiction to drugs such as morphine and meperidine hydrochloride (Demerol). **Addiction** is the physical and psychological **dependence** on and craving for a drug and the presence of clearly unpleasant effects when that drug or other agent is withdrawn. **Controlled substances** are drugs that produce dependence and have potential for abuse or addiction. See pages 905-906 in the Practical Applications section for information about these drugs.

DRUG TOXICITY

Drug toxicity is the unwanted and potentially dangerous effects of some drugs. **Idiosyncrasy** is an example of an unpredictable type of drug toxicity. This is any unexpected and uncommon side effect that develops after administration of a drug. For example, in some people, penicillin causes an **idiosyncratic reaction**, such as **anaphylaxis** (acute hypersensitivity with asthma and shock). Anaphylaxis occurs as a result of exposure to a previously encountered drug or foreign substance (antigen).

Other types of drug toxicity are more predictable and are based on the dosage of the drug given. Physicians are trained to be aware of the potential toxic effects of all drugs that they prescribe. **Iatrogenic** (produced by treatment) disorders can occur, however, as a result of mistakes in drug use or because of individual sensitivity to a given agent.

Side effects are toxic effects that routinely result from the use of a drug. They often occur with the usual therapeutic dosage of a drug and generally are tolerable and reversible when the drug is discontinued. For example, nausea, vomiting, and alopecia are common side effects of the chemotherapeutic drugs used to treat cancer. Other, rare side effects may be life-threatening, such as severe allergic reactions.

Contraindications are factors in a patient's condition that make the use of a drug dangerous and ill advised. For example, in the presence of kidney failure, it is unwise to administer a drug, such as methotrexate, that is normally eliminated by the kidneys because excess drug will accumulate in the body and cause adverse effects.

Resistance is a lack of beneficial response, and it is seen when drugs that used to be effective are unable to control the disease process in a particular patient. It is often seen in serious bacterial infection or cancer.

CLASSES OF DRUGS

The following are major classes of drugs with indications for their use. Specific drugs in each class are included in tables for your reference (note that the brand names are capitalized). Appendix IV is a complete list of these drugs and their class or type. Notice that many drug types end with the adjectival suffix *-ic*, meaning pertaining to, although they are used as nouns.

ANALGESICS

An analgesic (algos/o = sensitivity to pain) is a drug that lessens pain. Mild analgesics relieve mild to moderate pain, such as myalgias, headaches, and toothaches. More potent analgesics are **narcotics** or **opioids**, which are derived from opium. These drugs may induce stupor (a condition of near-unconsciousness and reduced mental and physical activity). They are used only to relieve severe pain because they may produce dependence.

Some non-narcotic analgesics reduce fever, pain, and inflammation and are used for joint disorders (osteoarthritis and rheumatoid arthritis), painful menstruation, and acute pain due to minor injuries or infection. These agents are not steroid hormones (such as cortisone) and are known as **nonsteroidal anti-inflammatory drugs (NSAIDs)**. NSAIDs act on tissues to inhibit prostaglandins (hormone-like substances that sensitize peripheral pain receptors). A newer class of NSAIDs is the COX-2 (cyclooxygenase-2) inhibitors. These agents block prostaglandin production. They relieve pain and inflammation as do traditional NSAIDs, but produce fewer gastrointestinal side effects than NSAIDs. However, they may increase the risk of clots and heart attacks. Examples of COX-2 inhibitors are Celebrex and Bextra, which are listed in Table 21-2 with other analgesics.

TABLE 21-2 ANALGESICS AND ANESTHETICS	
ANALGESICS	ANESTHETICS
Mild	General
acetaminophen (Tylenol)	ether
Narcotic (Opioid)	halothane (Fluothane)
codeine	nitrous oxide
hydrocodone w/APAP* (Lortab, Vicodin)	propofol (Diprivan)
hydromorphone (Dilaudid)	thiopental (Pentothal)
meperidine (Demerol)	Local
morphine	lidocaine (Xylocaine)
oxycodone (OxyContin, Roxicodone)	lidocaine-prilocaine (EMLA—eutectic mixture of local anesthetics)
oxycodone with APAP* (Percocet, Roxicet, Endocet)	procaine (Novocain)
tramadol (Ultram)	
Nonsteroidal Anti-Inflammatory Drugs [NSAIDs]	
aspirin (Anacin, Ascriptin, Excedrin)	
celecoxib (Celebrex)	
diclofenac sodium (Voltaren)	
ibuprofen (Motrin, Advil)	
ketorolac (Toradol)	
naproxen (Naprosyn)	
valdecoxib (Bextra)	

Note: Brand names are in parentheses.

*APAP, acetyl-p-aminophenol—acetaminophen (Tylenol, others).

ANESTHETICS

An anesthetic is an agent that reduces or eliminates sensation. This effect may occur in all tissues of the body (**general anesthetic**) and puts a patient asleep, or may be limited to a particular region (**local anesthetic**). General anesthetics are used for surgical procedures. They depress the activity of the central nervous system, producing loss of consciousness, and block the perception of pain. Local anesthetics inhibit the conduction of pain impulses in sensory nerves in the region in which they are injected or applied. An example is dental anesthesia with a local Novocain injection.

Table 21-2 gives examples of specific anesthetics.

ANTIBIOTICS AND ANTIVIRALS

An antibiotic is a chemical substance produced by a microorganism (bacterium, yeast, or mold) that inhibits (**bacteriostatic**) or kills (**bactericidal**) bacteria, fungi, or parasites. The use of antibiotics (penicillin was first in general use in 1945) has made it possible to cure many conditions such as pneumonia, urinary tract infection, and streptococcal pharyngitis (“strep throat”). Caution about the use of antibiotics is warranted because they are powerful agents. Like all drugs, they have side effects. Also, with indiscriminate use of antibiotics, bacteria and fungi can develop resistance to a particular agent. Infections caused by these resistant bacteria can spread and may be difficult or impossible to cure.

Antifungal medications treat fungal infections. These infections commonly occur in the skin (ringworm), vagina (moniliasis or candidiasis), mouth, bloodstream, and other organs. Antitubercular drugs treat tuberculosis, a chronic and often drug-resistant infection. Antiviral drugs are used against infections due to viruses, such as herpesviruses, Epstein-Barr virus, cytomegalovirus (CMV), and human immunodeficiency virus (HIV).

Table 21-3 lists types of antibiotics (such as antifungal and antitubercular drugs) and antiviral drugs and gives specific examples of each.

ANTICOAGULANTS AND ANTIPLATELET DRUGS

Anticoagulants prevent clotting (coagulation) of blood. They prevent formation of clots or break up clots in blood vessels in conditions such as thrombosis and embolism. They also are used to prevent coagulation in preserved blood used for transfusions. **Heparin** is a natural anticoagulant purified from pig intestine or bovine (cow) lung. It is found in the granules of certain white blood cells. A more easily administered form of heparin called low-molecular-weight heparin (Fragmin, Lovenox) is self-injected on a daily basis and requires no monitoring of blood clotting ability, as is done with regular heparin. Other anticoagulants, including **warfarin (Coumadin)**, are manufactured. Coumadin blocks the formation of a number of clot-forming factors in the blood. Its action is reversed by vitamin K. **Tissue-type plasminogen activator (tPA)** dissolves clots and is used to open vessels after myocardial infarction.

TABLE 21-3 ANTIBIOTICS AND ANTIVIRALS

ANTIFUNGAL DRUGS	ERYTHROMYCINS —bacteriostatic
amphotericin B (Fungilin)	azithromycin (Zithromax)
clotrimazole (Lotrimin, Mycelex)	clarithromycin (Biaxin)
econazole topical (Spectazole)	erythromycin (Ery-Tab)
fluconazole (Diflucan)	PENICILLINS —bactericidal
itraconazole (Sporanox)	amoxicillin trihydrate (Amoxil, Trimox)
miconazole (Monistat)	amoxicillin with clavulanate (Augmentin)
nystatin (Nilstat)	naftillin (Unipen)
terbinafine (Lamisil)	oxacillin (Bactocill)
ANTITUBERCULAR DRUGS	QUINOLONES —bactericidal and wide-spectrum
ethambutol (Myambutol)	ciprofloxacin (Cipro)
isoniazid [INH] (Nydrazid)	levofloxacin (Levaquin)
p-aminosalicylic acid granules (PASER)	ofloxacin (Floxin)
rifampin (Rifadin)	SULFONAMIDES OR SULFA DRUGS
ANTIVIRAL DRUGS	—bactericidal
acyclovir (Zovirax)	sulfamethoxazole with trimethoprim (Bactrim)
efavirenz (Sustiva)*	sulfisoxazole (Gantrisin)
indinavir (Crixivan)†	TETRACYCLINES —bacteriostatic
interferon alfa-n1 (Wellferon)	doxycycline
lamivudine (Epivir)‡	tetracycline
ribavirin (Copegus, Rebetol)	
zidovudine or azidothymidine [AZT] (Retrovir)‡	
zidovudine plus lamivudine (Combivir)‡	
CEPHALOSPORINS —bactericidal and similar to penicillins	
cefprozil (Cefzil)	
ceftazidime (Fortaz)	
cephalexin (Keflex)	
cefuroxime axetil (Ceftin)	

Note: Brand names are in parentheses.

*Anti-HIV—non-nucleoside reverse transcriptase inhibitor (NNRTI).

†Anti-HIV—protease inhibitor.

‡Anti-HIV—nucleoside reverse transcriptase inhibitor (NRTI).

Antiplatelet drugs reduce the tendency of platelets to stick together. Aspirin is an example of an antiplatelet drug; daily aspirin prophylaxis is recommended for patients with coronary artery disease and for those who have had heart attacks. Clopidogrel bisulfate (Plavix) inhibits clumping of platelets and is used to prevent clotting after heart attacks and blood vessel procedures, such as angioplasty.

Table 21-4 lists anticoagulants and antiplatelet drugs.

ANTICONSULSANTS

An anticonvulsant prevents or reduces the frequency of convulsions in various types of seizure disorders or epilepsy. Ideally, anticonvulsants depress abnormal spontaneous activity of the brain arising from areas of scar or tumor, without affecting normal brain function. Table 21-4 lists examples of anticonvulsants.

TABLE 21-4 ANTICOAGULANTS, ANTICONVULSANTS, ANTIDEPRESSANTS, AND ANTIDIABETICS

ANTICOAGULANTS AND ANTIPLATELET DRUGS	ANTI-ALZHEIMER DRUGS
aspirin clopidogrel bisulfate (Plavix) dabigatran (Pradaxa) dalteparin (Fragmin)* enoxaparin sodium (Lovenox)* lepirudin (Refludan)† prasugrel (Effient) rivaroxaban (Xarelto) ticagrelor (Brilinta) tissue plasminogen activator [tPA] warfarin (Coumadin)	donepezil (Aricept) memantine (Namenda)
ANTICONVULSANTS	ANTIDIABETICS
carbamazepine (Tegretol) felbamate (Felbatol) gabapentin (Neurontin) levetiracetam (Keppra) phenobarbital phenytoin sodium (Dilantin) valproic acid (Depakote)	Insulins <i>Rapid-acting</i> insulin aspart (NovoLog) insulin glulisine (Apidra) insulin lispro (Humalog) <i>Short-acting</i> insulin regulator (Humulin R) <i>Intermediate-acting</i> insulin NPH (Humulin N) <i>Long-acting</i> insulin detemir (Levemir) insulin glargine (Lantus) insulin zinc suspension (Ultralente)
ANTIDEPRESSANTS	Other Drugs—Oral
amitriptyline (Elavil)‡ bupropion (Wellbutrin SR) citalopram hydrobromide (Celexa)§ escitalopram (Lexapro)§ fluoxetine (Prozac)§ nortriptyline (Pamelor)‡ paroxetine (Paxil)§ sertraline (Zoloft)§ trazodone (Desyrel)§	acarbose (Precose)—alpha-glucosidase inhibitor glipizide (Glucotrol XL)—sulfonylurea glyburide (Diabeta, Micronase)—sulfonylurea metformin (Glucophage)—biguanide pioglitazone (Actos)—thiazolidinedione repaglinide (Prandin)—meglitinide rosiglitazone (Avandia)—thiazolidinedione

Note: Brand names are in parentheses.

*Low molecular weight heparin.

†Derived from the saliva of the medicinal leech.

‡Tricyclic antidepressant drug.

§Selective serotonin reuptake inhibitor (SSRI).

ANTIDEPRESSANTS AND ANTI-ALZHEIMER DRUGS

Antidepressants treat symptoms of depression. They can elevate mood, increase physical activity and mental alertness, and improve appetite and sleep patterns. Many antidepressants also are mild sedatives and treat mild forms of depression associated with anxiety.

The largest class of antidepressants increases the action of neurotransmitters by blocking their removal (reuptake) from the synapses (spaces between nerve cells). These drugs include **tricyclic antidepressants (TCAs)** and **selective serotonin reuptake inhibitors (SSRIs)**. Other antidepressants are **monoamine oxidase inhibitors (MAOIs)**, which increase the length of time neurotransmitters work by blocking monoamine oxidase, an enzyme that normally inactivates neurotransmitters.

Lithium is a drug that is used to stabilize the mood swings and unpredictable behavior of people with bipolar disorder (manic-depressive illness).

Anti-Alzheimer drugs, used to treat symptoms of Alzheimer disease, act by aiding brain neurotransmitters (acetylcholine) or shielding brain cells from glutamate, a neurotransmitter that at high levels contributes to death of brain cells. Table 21-4 lists examples of antidepressants and anti-Alzheimer drugs.

ANTIDIABETICS

Antidiabetics are used to treat diabetes mellitus (condition in which either the hormone insulin is not produced, or the body's tissues have developed insensitivity to insulin). Patients with type 1 diabetes have lost the ability to produce insulin as children or young adults and must receive daily injections of **insulin**. Human insulin and synthetic derivations produced by recombinant DNA research have largely replaced animal-derived insulin in the management of diabetes. Rapid-acting insulins start working in 15 to 30 minutes and last 3 to 5 hours. Short-acting insulin begins working within 30 minutes to an hour and lasts 5 to 8 hours. Long-acting insulins have a time to onset of 1 to 3 hours and last between 24 and 36 hours.

Patients with type 2 diabetes usually develop diabetes later in life and have insensitivity to insulin. Their disease may be well controlled on **oral antidiabetic drugs**. These include **sulfonylureas** (lower the levels of glucose in the blood by stimulating the production of insulin), **biguanides** (increase the body's sensitivity to insulin and reduce the production of glucose by the liver), **alpha-glucosidase inhibitors** (temporarily block enzymes that digest sugars), **thiazolidinediones** (enhance glucose uptake into tissues), and **meglitinides** (stimulate the beta cells in the pancreas to produce insulin).

An **insulin pump** is a device strapped to the patient's waist that periodically delivers (via subcutaneous needle in the abdomen) the desired amount of insulin.

Table 21-4 lists antidiabetic drugs.

ANTIHISTAMINES

These drugs block the action of histamine, which is normally released in the body in allergic reactions. Histamine causes allergic symptoms such as hives, bronchial asthma, hay fever, and in severe cases, **anaphylactic shock** (dyspnea, hypotension, and loss of consciousness). Antihistamines cannot cure the allergic reaction, but they relieve its symptoms. Many antihistamines have strong **antiemetic** (prevention of nausea) activity and are used to prevent motion sickness. The most common side effects of antihistamines are drowsiness, blurred vision, tremors, digestive upset, and lack of motor coordination.

Table 21-5 lists common antihistamines.

TABLE 21-5 ANTIHISTAMINES AND ANTIOSTEOPOROSIS DRUGS	
ANTIHISTAMINES	ANTIOSTEOPOROSIS DRUGS
cetirizine (Zyrtec) chlorpheniramine maleate (Chlor-Trimeton) diphenhydramine (Benadryl) fexofenadine (Allegra) loratadine (Claritin) meclizine (Antivert) promethazine (Phenergan)	Bisphosphonates (Prevents Bone Loss) alendronate (Fosamax) denosumab (Prolia)* ibandronate sodium (Boniva) pamidronate disodium (Aredia) teriparatide (Forteo)† zoledronic acid (Zometa)
	Selective Estrogen Receptor Modulators (SERMs) raloxifene (Evista) tamoxifen (Nolvadex)

Note: Brand names are in parentheses.

*Monoclonal antibody against a protein that signals bone removal.

†Hormone that stimulates bone formation.

ANTIOSTEOPOROSIS DRUGS

Osteoporosis is a disorder marked by abnormal loss of bone density. Calcium, vitamin D, and estrogen are prescribed to increase calcium deposition in bone. Several different drugs are used to treat osteoporosis. **Bisphosphonates** prevent bone loss, and hormone-like drugs called selective estrogen receptor modulators (**SERMs**) increase bone formation. See Table 21-5.

CARDIOVASCULAR DRUGS

Cardiovascular drugs act on the heart or the blood vessels to treat hypertension, angina (pain due to decreased oxygen delivery to heart muscle), myocardial infarction (heart attack), congestive heart failure, and arrhythmias. Often, before other drugs are used, daily aspirin therapy (to prevent clots in blood vessels) and sublingual **nitroglycerin** (to dilate coronary blood vessels) are prescribed. **Digoxin (Lanoxin)** helps the heart pump more forcefully in heart failure. Other cardiovascular drugs include:

Angiotensin-converting enzyme (ACE) inhibitors—dilate blood vessels to lower blood pressure, improve the performance of the heart, and reduce its workload. They prevent the conversion of angiotensin I into angiotensin II, which is a powerful vasopressor (vasoconstrictor). ACE inhibitors reduce the risk of heart attack, stroke, and death even if a patient is not hypertensive.

Angiotensin II receptor blockers (ARBs)—lower blood pressure by preventing angiotensin from acting on receptors in blood vessels. They are used in patients who do not tolerate ACE inhibitors because of cough or angioedema (swelling of tissues).

Antiarrhythmics—reverse abnormal heart rhythms. They slow the response of heart muscle to nervous system stimulation or slow the rate at which nervous system impulses are carried through the heart.

Beta-blockers—decrease muscular tone in blood vessels (leading to vasodilation), slow heart rate, decrease output of the heart, and reduce blood pressure by blocking the action of epinephrine at receptor sites in the heart muscle and in blood vessels. Beta-blockers are prescribed for angina, hypertension, arrhythmias (such as fibrillation), and prevention of a second heart attack.

Calcium channel blockers—dilate blood vessels and lower blood pressure and are used to treat angina and arrhythmias. They inhibit the entry of calcium (necessary for blood vessel contraction) into the muscles of the heart and blood vessels.

Cardiac glycosides—made from digitalis (foxglove plant). These drugs increase the force of contraction of the heart and are used to treat heart failure and atrial fibrillation.

Cholesterol-binding drugs—bind to dietary cholesterol and prevent its uptake from the gastrointestinal tract.

Cholesterol-lowering drugs (statins)—control hypercholesterolemia (high levels of cholesterol in the blood), which is a major factor in the development of heart disease. These drugs lower cholesterol by reducing its production in the liver.

Diuretics—reduce the volume of blood in the body by promoting the kidney to remove water and salt through urine. They treat hypertension (high blood pressure) and congestive heart failure.

Table 21-6 gives examples of cardiovascular drugs.

ENDOCRINE DRUGS

Endocrine preparations act in much the same manner as the naturally occurring (endogenous) hormones discussed in Chapter 18. **Androgens**, normally made by the testes

TABLE 21-6 **CARDIOVASCULAR DRUGS**

ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS	CALCIUM CHANNEL BLOCKERS
enalapril maleate (Vasotec)	amlodipine
lisinopril (Prinivil, Zestril)	amlodipine besylate (Norvasc)
quinapril (Accupril)	diltiazem (Cardizem CD)
ramipril (Altace)	nifedipine (Adalat CC, Procardia)
ANGIOTENSIN II RECEPTOR BLOCKERS	CARDIAC GLYCOSIDES
irbesartan (Avapro)	digoxin (Lanoxin)
losartan (Cozaar)	CHOLESTEROL-BINDING DRUGS (RESINS)
valsartan (Diovan)	cholestyramine (Questran)
ANTIARRHYTHMICS	colestipol (Colestid)
amiodarone (Cordarone)	CHOLESTEROL-LOWERING DRUGS (STATINS)
ibutilide (Corvert)	atorvastatin calcium (Lipitor)
sotalol (Betapace)	lovastatin (Mevacor)
BETA-BLOCKERS	pravastatin (Pravachol)
atenolol (Tenormin)	rosuvastatin calcium (Crestor)
carvedilol (Coreg)	simvastatin sodium (Zocor)
metoprolol (Lopressor, Toprol-XL)	DIURETICS
propranolol (Inderal)	furosemide (Lasix)
	hydrochlorothiazide (HydroDiuril)
	spironolactone (Aldactone)
	triamterene (Dyazide)

Note: Brand names are in parentheses.

and adrenal glands, are used for male hormone replacement and to treat endometriosis and anemia. **Antiandrogens** interfere with the production of androgens or with their binding in tissues. They are prescribed for prostate cancer. **Estrogens** are female hormones, normally produced by the ovaries, that are used for symptoms associated with menopause (estrogen replacement therapy) and to prevent postmenopausal osteoporosis. **Aromatase inhibitors** also reduce the amount of estrogen (estradiol) in the blood and are effective against breast cancer.

Selective estrogen receptor modulators (SERMs) have estrogen-like effects on bone (increase in bone density) and on lipid metabolism (decrease in cholesterol levels). However, they lack estrogenic effects on uterus and breast tissue. SERMs are used to treat postmenopausal osteoporosis and breast cancer. Tamoxifen and raloxifene are SERMs. **Progestins** are prescribed for abnormal uterine bleeding caused by hormonal imbalance and, together with estrogen, in hormone replacement therapy and oral contraceptives.

Thyroid hormone is administered when there is a low output of hormone from the thyroid gland. **Calcitonin** (a thyroid hormone) is used to treat osteoporosis. It increases calcium in the blood and promotes bone deposition. **Glucocorticoids** (adrenal corticosteroids) are prescribed for reduction of inflammation and a wide range of other disorders, including arthritis, severe skin and allergic conditions, respiratory and blood disorders, gastrointestinal ailments, and malignant conditions.

A fragment of human **parathyroid hormone (PTH)** has been approved for osteoporosis treatment. This agent stimulates new bone formation. **Growth hormone release-inhibiting factor (somatostatin)** can be manufactured and given to treat gastrointestinal symptoms associated with acromegaly and other tumors. It inhibits the production of natural growth hormone.

Table 21-7 gives examples of endocrine drugs.

TABLE 21-7 ENDOCRINE DRUGS**ANDROGENS**

fluoxymesterone (Halotestin)
methyltestosterone (Virilon)

ANTIANDROGENS

abiraterone (Zytiga)
flutamide (Eulexin)
goserelin (Zoladex)
leuprolide (Lupron)
nilutamide (Casodex)

AROMATASE INHIBITORS

anastrozole (Arimidex)
exemestane (Aromasin)
fulvestrant (Faslodex)
letrozole (Femara)

ESTROGENS

estrogens (Premarin, Prempro)

GLUCOCORTICOIDS

dexamethasone (Decadron)
prednisone (Deltasone)
triamcinolone (Aristocort)

GROWTH HORMONE–RELEASE INHIBITING FACTOR

octreotide (Sandostatin)

PARATHYROID HORMONE FRAGMENT

teriparatide (Forteo)

PROGESTINS

medroxyprogesterone acetate (Cycrin, Provera)
megestrol (Megace)

SERMs

raloxifene (Evista)
tamoxifen (Nolvadex)

THYROID HORMONES

calcitonin (Cibacalcin)
levothyroxine (Levothroid, Levoxyl, Synthroid)
liothyronine (Cytomel)
thyroid ISP (Armour Thyroid)

Note: Brand names are in parentheses.
SERMs, selective estrogen receptor modulators.

GASTROINTESTINAL DRUGS

Gastrointestinal drugs often are used to relieve uncomfortable and potentially dangerous symptoms, rather than as cures for specific diseases. **Antacids** neutralize the hydrochloric acid in the stomach to relieve symptoms of peptic ulcer, esophagitis, and reflux. **Antilulcer** drugs block secretion of acid by cells in the lining of the stomach and are prescribed for patients with gastric and duodenal ulcers and **gastroesophageal reflux disease (GERD)**. Histamine H_2 receptor antagonists such as **ranitidine (Zantac)** and **cimetidine (Tagamet)** turn off histamine, which promotes secretion of stomach acid. Another drug, **omeprazole (Prilosec)**, works by stopping acid production by a different method (proton pump inhibition).

Antidiarrheal drugs relieve diarrhea and decrease the rapid movement (peristalsis) in the muscular walls of the colon. **Cathartics** relieve constipation and promote defecation for diagnostic and operative procedures and are used to treat disorders of the gastrointestinal tract. Some cathartics increase the intestinal salt content to cause fluid to fill the intestines; others increase the bulk of the feces to promote peristalsis. Another type of cathartic lubricates the intestinal tract to produce soft stools. **Laxatives** are mild cathartics, and **purgatives** are strong cathartics.

Antinauseants (antiemetics) relieve nausea and vomiting and overcome vertigo, dizziness, motion sickness, and similar symptoms due to labyrinthitis (inflammation of the inner ear).

Anti-TNF (tumor necrosis factor) drugs are used to treat **autoimmune diseases** such as **Crohn's**. These drugs are also used against rheumatoid arthritis.

Table 21-8 lists the various types of gastrointestinal drugs and examples of each.

TABLE 21-8 GASTROINTESTINAL DRUGS

ANTACIDS	ANTI-TNF DRUGS
aluminum and magnesium antacid (Gaviscon)	adalimumab (Humira)
magnesium antacid (milk of magnesia)	certolizumab pegol (Cimzia)
aluminum antacid (Rolaids)	etanercept (Enbrel)
ANTIDIARRHEALS	infliximab (Remicade)
diphenoxylate and atropine (Lomotil)	ANTIULCER AND ANTI-GASTROINTESTINAL REFLUX DISEASE (GERD) DRUGS
loperamide (Imodium)	cimetidine (Tagamet)
paregoric	esomeprazole (Nexium)
ANTINAUSEANTS (ANTIEMETICS)	famotidine (Pepcid)
metoclopramide (Reglan)	lansoprazole (Prevacid)
ondansetron (Zofran)	omeprazole (Prilosec)
promethazine (Phenergan)	ranitidine (Zantac)
prochlorperazine maleate (Compazine)	CATHARTICS
	casanthranol plus docusate sodium (Peri-Colace)

Note: Brand names are in parentheses.

RESPIRATORY DRUGS

Respiratory drugs are prescribed for the treatment of asthma, emphysema, chronic bronchitis, and bronchospasm. **Bronchodilators** open bronchial tubes and are administered by injection or aerosol inhalers. **Steroid drugs** are inhaled or given intravenously and orally to reduce chronic inflammation in respiratory passageways. **Leukotriene modifiers** are recent additions to the anti-inflammatory therapy of asthma. They prevent asthma attacks by blocking leukotriene (a bronchoconstrictor) from binding to receptors in respiratory tissues. Table 21-9 gives examples of respiratory drugs.

TABLE 21-9 RESPIRATORY DRUGS

BRONCHODILATORS	STERIODS: INHALERS
albuterol (Proventil, Ventolin)*	budesonide (Pulmicort)
epinephrine (Primatene)	flunisolide (AeroBid)
formoterol (Foradil)†	fluticasone propionate (Flovent)
formoterol plus budesonide (Symbicort)†	mometasone (Asmanex)
ipratropium bromide (Atrovent)‡	triamcinolone (Azmacort)
ipratropium plus albuterol (Combivent)*	STERIODS: INTRAVENOUS OR ORAL
levalbuterol (Xopenex)*	dexamethasone (Decadron)
metaproterenol (Alupent)*	methylprednisolone (Medrol)
pirbuterol (Maxair)*	prednisone
salmeterol (Serevent)†	
salmeterol plus fluticasone (Advair)†	
theophylline (Theo-Dar)	
tiotropium bromide (Spiriva)‡	
LEUKOTRIENE MODIFIERS	
montelukast sodium (Singulair)	
zafirlukast (Accolate)	
zileuton (Zyflo)	

Note: Brand names are in parentheses.

*Short-acting; inhaled.

†Long-acting.

‡Anticholinergic; bronchodilator enhancers.

SEDATIVE-HYPNOTICS

Sedative-hypnotics are medications that depress the central nervous system and promote drowsiness (sedatives) and sleep (hypnotics). They are prescribed for insomnia and sleep disorders. These products have a very high abuse potential and should be used only for short periods of time and under close supervision. **Barbiturates** and **benzodiazepines** are the two major categories of sedative-hypnotics.

Low doses of **benzodiazepines** (which influence the part of the brain responsible for emotions) may act as sedatives. In higher doses, benzodiazepines may act as hypnotics (to promote sleep).

Table 21-10 gives examples of sedative-hypnotics.

STIMULANTS

Stimulants are drugs that act on the brain to speed up vital processes (heart and respiration) in cases of shock and collapse. They also increase alertness and inhibit hyperactive behavior in children. High doses can produce restlessness, insomnia, and hypertension. Examples of stimulants are **amphetamines**—used to prevent narcolepsy (seizures of sleep), to suppress appetite, and to calm hyperkinetic children. **Caffeine** also is a cerebral stimulant. It is used in drugs to relieve certain types of headache by constricting cerebral blood vessels. Table 21-10 lists examples of stimulants.

TRANQUILIZERS

Tranquilizers are useful for controlling anxiety. Minor tranquilizers (**benzodiazepines**) control minor symptoms of anxiety. Major tranquilizers (**phenothiazines**) control more severe disturbances of behavior. Table 21-10 lists examples of minor and major tranquilizers.

TABLE 21-10 SEDATIVE-HYPNOTICS, STIMULANTS, TRANQUILIZERS

SEDATIVE-HYPNOTICS

butabarbital (Butisol)
methaqualone (Quaalude)
phenobarbital (Luminal)
temazepam (Restoril)*
triazolam (Halcion)*
zolpidem tartrate (Ambien)

STIMULANTS

caffeine
dextroamphetamine sulfate (Dexedrine)
dextroamphetamine and amphetamine (Adderall)
methylphenidate (Ritalin)
modafinil (Provigil)

TRANQUILIZERS

Minor

alprazolam (Xanax)*
buspirone (BuSpar)
diazepam (Valium)*
lorazepam (Ativan)*

Major

aripiprazole (Abilify)
chlorpromazine (Thorazine)†
haloperidol (Haldol)
lithium carbonate (Eskalith)
olanzapine (Zyprexa)
risperidone (Risperdal)
thioridazine (Mellaril)†
trifluoperazine (Stelazine)†

Note: Brand names are in parentheses.

*Benzodiazepine.

†Phenothiazine.



VOCABULARY

This list reviews many of the new terms introduced in the text. Short definitions reinforce your understanding of the terms. Refer to the Pronunciation of Terms on page 915 for help with unfamiliar or difficult words.

GENERAL TERMS	
addiction	Physical and psychological dependence on and craving for a drug.
additive action	Drug action in which the combination of two similar drugs is equal to the sum of the effects of each.
aerosol	Particles of drug suspended in air.
anaphylaxis	Exaggerated hypersensitivity reaction to a previously encountered drug or foreign protein.
antagonistic action	Combination of two drugs gives less than an additive effect (action).
antidote	Agent given to counteract an unwanted effect of a drug.
brand name	Commercial name for a drug; trademark or trade name.
chemical name	Chemical formula for a drug.
contraindications	Factors that prevent the use of a drug or treatment.
controlled substances	Drugs that produce tolerance and dependence and have potential for abuse or addiction. See page 905.
dependence	Physiologic need for a drug due to prolonged use.
dose	Amount of drug administered, usually measured in milligrams.
Food and Drug Administration (FDA)	U.S. government agency having the legal responsibility for enforcing proper drug manufacture and clinical use.
generic name	Legal noncommercial name for a drug.
iatrogenic	Condition caused by treatment (drugs or procedures) given by physicians or medical personnel.
idiosyncratic reaction	Unexpected effect produced in a particularly sensitive patient but not seen in most people.
inhalation	Administration of drugs in gaseous or vapor form through the nose or mouth.
medicinal chemistry	Study of new drug synthesis; relationship between chemical structure and biological effects.
molecular pharmacology	Study of interaction of drugs and their target molecules such as enzymes, or cell surface receptors.
oral administration	Drugs are given by mouth.
parenteral administration	Drugs are given by injection into the skin, muscles, or veins (any route other than through the digestive tract). Examples are subcutaneous, intradermal, intramuscular, intravenous, intrathecal, and intracavitary injections.

pharmacist	Specialist in preparing and dispensing drugs.
pharmacy	Location for preparing and dispensing drugs; also the study of preparing and dispensing drugs.
pharmacodynamics	Study of drug effects within the body.
pharmacokinetics	Study of drug absorption, distribution, metabolism, and excretion over a period of time.
pharmacologist	Specialist in the study of the properties, uses, and side effects of drugs.
pharmacology	Study of the preparation, properties, uses, and side effects of drugs.
<i>Physicians' Desk Reference (PDR)</i>	Reference book that lists drug products.
receptor	Target substance with which a drug interacts in the body.
rectal administration	Drugs are inserted through the anus into the rectum.
resistance	Lack of beneficial response; seen when drugs are unable to control the disease process.
response	Desired and beneficial effect of a drug.
schedule	Exact timing and frequency of drug administration.
side effect	Adverse reaction, usually minor, that routinely results from the use of a drug.
sublingual administration	Drugs are given by placement under the tongue.
synergism	Combination of two drugs causes an effect that is greater than the sum of the individual effects of each drug alone.
syringe	Instrument (tube) for introducing or withdrawing fluids from the body.
tolerance	Larger and larger drug doses must be given to achieve the desired effect. The patient becomes resistant to the action of a drug as treatment progresses.
topical application	Drugs are applied locally on the skin or mucous membranes of the body; ointments, creams, and lotions are applied topically.
toxicity	Harmful effects of a drug.
toxicology	Study of harmful chemicals and their effects on the body.
transport	Movement of a drug across a cell membrane into body cells.
United States Pharmacopeia (USP)	Authoritative list of drugs, formulas, and preparations that sets a standard for drug manufacturing and dispensing.
vitamin	Substance found in foods and essential in small quantities for growth and good health.

CLASSES OF DRUGS AND RELATED TERMS

ACE inhibitor	Lowers blood pressure. Angiotensin-converting enzyme (ACE) inhibitors block the conversion of angiotensin I to angiotensin II (a powerful vasoconstrictor).
amphetamine	Central nervous system stimulant.
analgesic	Relieves pain.
androgen	Male hormone.
anesthetic	Reduces or eliminates sensation; general and local.
angiotensin II receptor blocker	Lowers blood pressure by preventing angiotensin from acting on receptors in blood vessels.
antacid	Neutralizes acid in the stomach.
antiandrogen	Slows the uptake of androgens or interferes with their effect in tissues.
antiarrhythmic	Treats abnormal heart rhythms.
antibiotic	Chemical substance, produced by a plant or microorganism, that has the ability to inhibit or destroy foreign organisms in the body. Examples are antifungals, cephalosporins, erythromycin, tetracycline, antituberculars, penicillins, quinolones, and sulfonamides.
anticoagulant	Prevents blood clotting.
anticonvulsant	Prevents convulsions (abnormal brain activity).
antidepressant	Relieves symptoms of depression.
antidiabetic	Drug given to prevent or treat diabetes mellitus.
antidiarrheal	Prevents diarrhea.
antiemetic	Prevents nausea and vomiting.
antihistamine	Blocks the action of histamine and helps prevent symptoms of allergy.
antinauseant	Relieves nausea and vomiting; antiemetic.
antiplatelet	Reduces the tendency of platelets to stick together and form a clot.
antiulcer	Inhibits the secretion of acid by cells lining the stomach.
antiviral	Acts against viruses such as herpesviruses and HIV.
aromatase inhibitor	Reduces estrogen in the blood by blocking the enzyme aromatase.
bactericidal	Kills bacteria (-cidal means able to kill).
bacteriostatic	Inhibits bacterial growth (-static means stopping or controlling).
beta-blocker	Blocks the action of epinephrine at sites on receptors of heart muscle cells, the muscle lining of blood vessels, and bronchial tubes; antiarrhythmic, antianginal, and antihypertensive.
bisphosphonate	Prevents bone loss in osteoporosis.
caffeine	Central nervous system stimulant (found in coffee and tea).
calcium channel blocker	Blocks the entrance of calcium into heart muscle and muscle lining of blood vessels; used as an antiarrhythmic, antianginal, and antihypertensive; also called calcium antagonist .

cardiac glycoside	Increases the force of contraction of the heart.
cardiovascular drug	Acts on the heart and blood vessels. This category of drug includes ACE inhibitors, beta-blockers, calcium channel blockers, cholesterol-lowering drugs or statins, and diuretics.
cathartic	Relieves constipation.
cholesterol-binding drug	Binds to dietary cholesterol and prevents its uptake from the gastrointestinal tract.
cholesterol-lowering drug	Lowers cholesterol by preventing its production by the liver; statin.
diuretic	Increases the production of urine and thus reduces the volume of fluid in the body; antihypertensive.
emetic	Promotes vomiting.
endocrine drug	A hormone or hormone-like drug. Examples are androgens, estrogens, progestins, SERMs, thyroid hormones, and glucocorticoids.
estrogen	Female hormone that promotes development of secondary sex characteristics and supports reproductive tissues.
gastrointestinal drug	Relieves symptoms of diseases in the gastrointestinal tract. Examples are antacids, antiulcer drugs, antidiarrheal drugs, cathartics, laxatives, purgatives, and antinauseants (antiemetics).
glucocorticoid	Hormone from the adrenal cortex that raises blood sugar and reduces inflammation.
hypnotic	Produces sleep or a trance-like state.
laxative	Weak cathartic.
narcotic	Habit-forming drug (potent analgesic) that relieves pain by producing stupor or insensibility; morphine and opium are examples.
progestin	Female hormone that stimulates the uterine lining during pregnancy and is also used in treatment of abnormal uterine bleeding and for hormone replacement therapy.
purgative	Relieves constipation; strong cathartic.
respiratory drug	Treats asthma, emphysema, and infections of the respiratory system. Bronchodilators are examples.
sedative	A mildly hypnotic drug that relaxes without necessarily producing sleep. Benzodiazepines are examples.
stimulant	Excites and promotes activity. Caffeine and amphetamines are examples.
thyroid hormone	Stimulates cellular metabolism.
tranquilizer	Controls anxiety and severe disturbances of behavior.



TERMINOLOGY

Write the meaning of the medical term in the space provided.

COMBINING FORMS

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
aer/o	air	aerosol _____ <i>The suffix -sol means solution.</i>	
algēs/o	sensitivity to pain	analgesic _____	
bronch/o	bronchial tube	bronchodilator _____ <i>Theophylline is a smooth muscle relaxant used to treat asthma, emphysema, and chronic bronchitis.</i>	
chem/o	drug	chemotherapy _____	
cras/o	mixture	idiosyncrasy _____ <i>Idi/o means individual, peculiar; syn- means together. An idiosyncrasy is an abnormal, unexpected effect of a drug that is peculiar to an individual.</i>	
cutane/o	skin	subcutaneous _____	
derm/o	skin	hypodermic _____	
erg/o	work	synergism _____	
esthes/o	feeling, sensation	anesthesia _____	
hist/o	tissue	antihistamine _____ <i>The suffix -amine indicates a nitrogen-containing compound. Histamine is a substance found in all body tissues (it causes capillary dilation and gastric acid secretion and constricts bronchial tube smooth muscle); an excess of histamine is released when the body comes into contact with substances to which it is sensitive.</i>	
hypn/o	sleep	hypnotic _____	
iatr/o	treatment	iatrogenic _____	
lingu/o	tongue	sublingual _____	
myc/o	mold, fungus	erythromycin _____	
narc/o	stupor	narcotic _____	
or/o	mouth	oral _____	
pharmac/o	drug	pharmacology _____	
prurit/o	itching	antipruritic _____	
pyret/o	fever	antipyretic _____	
thec/o	sheath (of brain and spinal cord)	intrathecal _____	

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
tox/o	poison	<u>toxic</u> _____	
toxic/o	poison	<u>toxicology</u> _____	
vas/o	vessel	<u>vasodilator</u> _____	
ven/o	vein	intra <u>venous</u> _____	
vit/o	life	<u>vitamin</u> _____	
		<i>The first vitamins discovered were nitrogen-containing substances called amines. Table 21-11 lists vitamins, their medical names, and foods that are a major source of each.</i>	

PREFIXES

PREFIX	MEANING	TERMINOLOGY	MEANING
ana-	upward, excessive, again	<u>anaphylaxis</u> _____ <i>The suffix -phylaxis means protection.</i>	
anti-	against	<u>antidote</u> _____ <i>The suffix -dote comes from Greek, meaning what is given.</i>	
		<u>antibiotic</u> _____	
contra-	against, opposite	<u>contraindication</u> _____ <i>Alternatively, drug indications are reasons to prescribe a medication; a bacterial infection may be an indication to prescribe a specific antibiotic.</i>	
par-	other than, apart from	<u>parenteral</u> _____ <i>Enter/o means intestine.</i>	
syn-	together, with	<u>synergistic</u> _____	

TABLE 21-11 VITAMINS

Vitamin	Chemical Name(s)	Food Sources
vitamin A	retinol; dehydroretinol	leafy, green and yellow vegetables; liver, eggs, cod liver oil
vitamin B1	thiamine	yeast, ham, liver, peanuts, milk
vitamin B2	riboflavin	milk, liver, green vegetables
vitamin B3	niacin (nicotinic acid)	yeast, liver, peanuts, fish, poultry
vitamin B6	pyridoxine	liver, fish, yeast
vitamin B9	folic acid	vegetables, liver, yeast, sunflower seeds, cereals
vitamin B12	cyanocobalamin	milk, eggs, liver
vitamin C	ascorbic acid	citrus fruits, vegetables
vitamin D	calciferol	cod liver oil, milk, egg yolk
vitamin E	alpha-glucosidase	wheat germ oil, cereals, egg yolk
vitamin K	phytonadione; menaquinone; menadione	alfalfa, spinach, cabbage



ABBREVIATIONS

Many of the notations used by physicians in writing prescriptions are abbreviations for Latin phrases, which appear in italics within parentheses. See Practical Applications for a list of official “do not use” abbreviations and what to use instead.

a.c., ac	before meals (<i>ante cibum</i>)	p.c., pc	after meals (<i>post cibum</i>)
ACE	angiotensin-converting enzyme	PCA	patient-controlled analgesia
ad lib	freely, as desired (<i>ad libitum</i>)	PDR	<i>Physicians' Desk Reference</i>
APAP	acetaminophen (tylenol)	PO, p.o., po	by mouth (<i>per os</i>)
ARB	angiotensin II receptor blocker	p.r.n., prn	as needed; as necessary (<i>pro re nata</i> , as the occasion arises)
b.i.d., bid	two times a day (<i>bis in die</i>)	Pt	patient
c̄	with	q	every (<i>quaque</i>)
Caps	capsules	q.h., qh	every hour (<i>quaque hora</i>)
cc	cubic centimeter	q2h	every 2 hours
FDA	U.S. Food and Drug Administration	q.i.d., qid	four times a day (<i>quater in die</i>)
gm, g	gram	q.s., qs	sufficient quantity (<i>quantum satis</i>)
gtt	drops (<i>guttae</i>)	qAM	every morning
h	hour (<i>hora</i>)	qPM	every evening
h.s., hs	at bedtime (<i>hora somni</i>)	Rx	prescription
H2 blocker	histamine H ₂ receptor antagonist	š	without (<i>sine</i>)
HRT	hormone replacement therapy	SERM	selective estrogen receptor modulator
IM	intramuscular	Sig.	directions—how to take medication
INH	isoniazid—antituberculosis agent	SL	sublingual
IV	intravenous	s.o.s.	if it is necessary (<i>si opus sit</i>)
MAOI	monoamine oxidase inhibitor—an antidepressant	SSRI	selective serotonin reuptake inhibitor—an antidepressant
mg	milligram	subQ	subcutaneous
ml, mL	milliliter	tab	tablet
NPO	nothing by mouth (<i>nil per os</i>)	TCA	tricyclic antidepressant
NSAID	nonsteroidal anti-inflammatory drug	t.i.d., tid	three times daily (<i>ter in die</i>)
p̄	after (<i>post</i>)		



PRACTICAL APPLICATIONS

See the Evolve website for this chapter, where you can find a list of the top 100 prescribed drugs for 2010.

OFFICIAL “DO NOT USE” LIST¹

Do Not Use	Potential Problem	Use Instead
U, u (unit)	Mistaken for “0” (zero), the number “4” (four) or “cc”	Write “unit”
IU (International Unit)	Mistaken for “IV” (intravenous) or the number “10” (ten)	Write “International Unit”
Q.D., QD, q.d., qd (daily)	Mistaken for each other	Write “daily”
Q.O.D., QOD, q.o.d., qod (every other day)	Period after the Q mistaken for “I” and “O” mistaken for “I”	Write “every other day”
Trailing zero (X.0 mg)*	Decimal point is missed	Write X mg
Lack of leading zero (.X mg)		Write 0.X mg
MS	Can mean morphine sulfate or magnesium sulfate	Write “morphine sulfate”
MSO ₄ and MgSO ₄	Confused for one another	Write “magnesium sulfate”

¹Applies to all orders and all medication-related documentation that is handwritten (including free-text computer entry) or on pre-printed forms.

***Exception:** A “trailing zero” may be used only where required to demonstrate the level of precision of the value being reported, such as for laboratory results, imaging studies that report size of lesions, or catheter/tube sizes. It may not be used in medication orders or other medication-related documentation.

Additional Abbreviations, Acronyms and Symbols

(For possible future inclusion in the Official “Do Not Use” List)

Do Not Use	Possible Problem	Use Instead
> (greater than)	Misinterpreted as the number “7” (seven) or the letter “L”	Write “greater than”
< (less than)	Confused for one another	Write “less than”
Abbreviations for drug names	Misinterpreted due to similar abbreviations for multiple drugs	Write drug names in full
Apothecary units	Unfamiliar to many practitioners Confused with metric units	Use metric units
@	Mistaken for the number “2” (two)	Write “at”
cc	Mistaken for U (units) when poorly written	Write “mL” or “ml” or “milliliters” (“mL” is preferred)
μg	Mistaken for mg (milligrams) resulting in one thousand-fold overdose	Write “mcg” or “micrograms”

TOP 30 PRESCRIPTION DRUGS—2007

The following are the top 30 prescription drugs for 2007. Data from the Rx List Internet Drug Index NDC Health Pharmaceutical. The top 200 are listed at www.rxlist.com.

<i>Drug</i>		
Trade Name	Generic Name	Type/Use
1. Lipitor	atorvastatin	cholesterol-lowering statin
2. Singulair	montelukast	antiallergy drug
3. Lexapro	escitalopram oxalate	antidepressant
4. Nexium	esomeprazole magnesium	antiulcer/anti-GERD
5. Synthroid	levothyroxine	hormone (thyroid gland)
6. Plavix	clopidogrel bisulfate	ADP inhibitor
7. Toprol XL	metoprolol succinate	antihypertensive (beta-blocker)
8. Prevacid	lansoprazole	antiulcer/anti-GERD
9. Vytorin	simvastatin ezetimibe	cholesterol-lowering statin
10. Advair Diskus	salmeterol-fluticasone	bronchodilator
11. Zyrtec	cetirizine	antihistamine
12. Effexor XR	venlafaxine, extended release	antidepressant
13. Protonix	pantoprazole	proton pump inhibitor
14. Diovan	valsartan	angiotension II receptor antagonist
15. Fosamax	alendronate	bone resorption inhibitor; calcium inhibitor
16. Zetia	ezetimibe	cholesterol-lowering statin
17. Crestor	rosuvastatin	cholesterol-lowering statin
18. Levaquin	levofloxacin	antibiotic
19. Diovan HCT	valsartan-HCTZ	angiotension II receptor antagonist
20. Klor-Con	potassium chloride	electrolyte replacement/vitamin
21. Cymbalta	duloxetine	antidepressant
22. Actos	pioglitazone	antidiabetic agent
23. Premarin tabs	estrogen	hormone (female)
24. ProAir HFA	albuterol	bronchodilator
25. Celebrex	celecoxib	analgesic
26. Flomax	tamsulosin	alpha-adrenergic blocker
27. Seroquel	quetiapine fumarate	antidepressant
28. Norvasc	amlodipine	antihypertensive (calcium channel blocker)
29. Nasonex	mometasone	corticosteroid
30. Tricor	fenofibrate	cholesterol-lowering statin

PRESCRIPTIONS

The usual order of drug prescription information is as follows: name of the drug, dosage, route of administration, time of administration. Frequently, the physician will include a qualifying phrase to indicate why the prescription is being written. Not all information is listed with every prescription.

Exercise: Answers are found on page 914.

Match the following prescriptions with their explanations below.

- Fluoxetine (Prozac) 20 mg PO b.i.d.
- Lisinopril (Zestril) 20 mg 1 cap qAM
- Ondansetron (Zofran) 4 mg 1 tab/cap t.i.d. p.r.n. for nausea
- Ranitidine (Zantac) 300 mg 1 tab p.c. t.i.d.
- Olanzapine (Zyprexa) 5 mg 1 tab qPM
- Acetaminophen (300 mg) & codeine (30 mg) 1 tab q.i.d. p.r.n. for pain

- anti-GERD drug taken after meals 3 times a day _____
- Tylenol with a narcotic taken 4 times a day as needed _____
- antidepressant taken by mouth twice a day _____
- antiemetic taken 3 times a day as needed _____
- antihypertensive taken every morning _____
- antipsychotic, one tablet every evening _____

CONTROLLED SUBSTANCES

Controlled substances are drugs regulated under existing federal law. The substances are divided into five classes (schedules) based on the substance's medicinal value, harmfulness, and potential for abuse or addiction. Schedule I includes the most dangerous drugs that have no recognized medicinal use, and Schedule V includes the least dangerous drugs. The following table lists examples of drugs in each class with their type, trade and/or "street" names, and medical uses.

DRUG	TYPE	TRADE OR OTHER NAME(S)	MEDICAL USE(S)
Class (Schedule) I			
heroin	narcotic	diacetylmorphine, horse, smack	None
LSD (lysergic acid diethylamide)	hallucinogen	acid, microdot	None
mescaline, peyote	hallucinogen	mesc, buttons, cactus	None
methaqualone	depressant	Quaalude*, Parest	sedative-hypnotic

*Quaaludes have been discontinued in the United States but their (ab)use continues due to Internet availability.

Class (Schedule) II

Dangerous substances with general medical indications and high potential for abuse and addiction.

hydromorphone	narcotic	Dilaudid	analgesic
marijuana	cannabis	pot, Acapulco, grass, reefer	under investigation
meperidine	narcotic	Demerol	analgesic

DRUG	TYPE	TRADE OR OTHER NAME(S)	MEDICAL USE(S)
cocaine	stimulant	coke, flake, snow	local anesthetic
methylphenidate	stimulant	Ritalin	hyperkinesis
oxycodone	narcotic	Tylox, Percodan, OxyContin, OC, OX, Oxy	analgesic, pain management
crystal methamphetamine	stimulant	crystal meth, ice	weight control
phencyclidine	hallucinogen	PCP, angel dust, hog	veterinary anesthetic
opium	narcotic	Dover's powder, paregoric	analgesic, antidiarrheal
morphine	narcotic	morphine, pectoral syrup	analgesic, antitussive
barbiturates	depressant	amobarbital (Amytal), pentobarbital (Nembutal), secobarbital (Seconal)	anesthetic, anticonvulsant, sedative-hypnotic
amphetamines	stimulant	Dexedrine, Desoxyn	weight control, narcolepsy

Class (Schedule) III

Carries less potential for abuse, but casual use can lead to psychological addiction and dependence.

anabolic steroids	male sex hormones	testosterone, Anavar, Winstrol, Dianabol	hormone deficiency, increasing muscle mass
barbiturates	depressant	aprobarbital (Alurate), butalbital (Fiorinal), butabarbital (Butisol)	anesthetic, anticonvulsant, sedative-hypnotic
codeine	narcotic	codeine	analgesic, antitussive

Class (Schedule) IV

Carries low potential for abuse but a risk of psychological or limited physical dependence.

barbiturates	depressant	phenobarbital	anesthetic, anticonvulsant, sedative-hypnotic
benzodiazepines	minor tranquilizer	lorazepam (Ativan), diazepam (Valium), chlordiazepoxide (Librium), clonazepam (Klonopin), triazolam (Halcion), alprazolam (Xanax)	antianxiety, sedative-hypnotic, anticonvulsant
nonbenzodiazepine agent	hypnotic	eszopiclone (Lunesta)	insomnia

Class (Schedule) V

This class includes codeine preparations (Robitussin A-C), opium preparations (Kapectolin PG—antidiarrheal), Lomotil (antidiarrheal), and Motofen (antidiarrheal).



EXERCISES

Remember to check your answers carefully with the Answers to Exercises, page 913.

A Name the pharmacologic specialty based on its description as given.

1. use of drugs in the treatment of disease _____
2. study of new drug synthesis _____
3. study of how drugs interact with their target molecules _____
4. study of the harmful effects of drugs _____
5. study of drug effects in the body _____
6. measurement of drug absorption, distribution, metabolism, and excretion over a period of time

B Match the following terms with their meanings below.

antidote	pharmacist	toxicologist
chemical name	pharmacologist	trade (brand) name
Food and Drug Administration	<i>Physicians' Desk Reference</i>	United States Pharmacopeia
generic name		

1. Specialist in the study of the harmful effects of drugs on the body is a/n
_____.
2. Agent given to counteract harmful effects of a drug is a/an _____.
3. Government agency with legal responsibility for enforcing proper drug manufacture and clinical use is _____.
4. The _____ is the commercial name for a drug.
5. The _____ is the complicated chemical formula for a drug.
6. The _____ is the legal noncommercial name for a drug.
7. Professional who prepares and dispenses drugs is a/an _____.
8. Specialist (MD or PhD) who studies the properties, uses, and side effects of drugs is a/an
_____.
9. Reference book listing drug products is _____.
10. Authoritative listing of drugs, formulas, and preparations that sets a standard for drug manufacturing and dispensing is _____.

C Name the route of drug administration based on its description as given below.

1. administered via suppository or fluid into the anus _____
2. administered via vapor or gas into the nose or mouth _____
3. administered under the tongue _____
4. applied locally on skin or mucous membrane _____
5. injected via syringe under the skin or into a vein, muscle, or body cavity _____
6. given by mouth and absorbed through the stomach or intestinal wall _____

D Give the meanings of the following terms.

1. intravenous _____
2. intrathecal _____
3. antiseptic _____
4. antipruritic _____
5. aerosol _____
6. intramuscular _____
7. subcutaneous _____
8. intracavitary _____
9. addiction _____
10. dose _____
11. resistance _____
12. response _____
13. schedule _____
14. dependence _____

E Match the routes of drug administration in Column I with the medications or procedures in Column II. Write the letter of the answer in the space provided.

COLUMN I

1. intravenous _____
2. rectal _____
3. oral _____
4. topical _____
5. inhalation _____
6. intrathecal _____
7. intramuscular _____
8. intradermal _____

COLUMN II

- A. lotions, creams, ointments
- B. tablets and capsules
- C. skin testing for allergy
- D. lumbar puncture
- E. deep injection, usually in buttock
- F. suppositories
- G. blood transfusions
- H. aerosol medications

F The following are descriptions of drug actions. Supply the word that fits the description.

1. combination of two drugs is greater than the total effects of each drug by itself

2. combination of two drugs that is equal to the sum of the effects of each _____
3. effects of a given drug dose become less as treatment continues, and larger and larger doses must be given to achieve the desired effect _____
4. an unexpected effect that may appear in a patient following administration of a drug

5. two drugs give less than an additive effect (action) _____

G Give the meanings of the following terms that describe classes of drugs.

1. antibiotic _____
2. antidepressant _____
3. antihistamine _____
4. analgesic _____
5. anticoagulant _____
6. anesthetic _____
7. antidiabetic _____
8. sedative _____
9. stimulant _____
10. tranquilizer _____

H Match the term in Column I with the associated term in Column II. Write the letter of the answer in the space provided.

COLUMN I

1. antihistamine _____
2. analgesic _____
3. antidiabetic _____
4. anticoagulant _____
5. antibiotic _____
6. stimulant _____
7. sedative-hypnotic _____
8. tranquilizer _____

COLUMN II

- A. caffeine or amphetamines
- B. penicillin or erythromycin
- C. insulin
- D. benzodiazepine
- E. heparin
- F. nonsteroidal anti-inflammatory drug
- G. phenothiazine
- H. anaphylactic shock

I Give the meanings of the following terms.

1. beta-blocker _____
2. androgen _____
3. glucocorticoid _____
4. calcium channel blocker _____
5. estrogen _____
6. antacid _____
7. cathartic _____
8. antiemetic _____
9. bronchodilator _____
10. hypnotic _____
11. diuretic _____
12. cholesterol-lowering drug _____

J Match the type of drug in Column I with the condition it treats in Column II. Write the letter of the answer in the space provided.

COLUMN I

1. anticonvulsant _____
2. anticoagulant _____
3. antacid _____
4. progestins _____
5. antibiotic _____
6. ACE inhibitor _____
7. bronchodilator _____
8. antihistamine _____
9. tranquilizer _____
10. analgesic _____

COLUMN II

- A. abnormal uterine bleeding caused by hormonal imbalance
- B. severe behavior disturbances and anxiety
- C. epilepsy
- D. congestive heart failure and hypertension
- E. epigastric discomfort
- F. myalgia and neuralgia
- G. anaphylactic shock
- H. thrombosis and embolism
- I. streptococcal pharyngitis
- J. asthma

K Complete the following terms based on definitions given.

1. agent that reduces fever: anti_____
2. agent that reduces itching: anti_____
3. habit-forming analgesic: _____tic
4. two drugs cause an effect greater than the sum of each alone: syn_____
5. antibiotic derived from a red mold: _____mycin
6. legal nonproprietary name of a drug: _____ name
7. factor in a patient's condition that prevents the use of a particular drug:
contra_____
8. drug that produces an absence of sensation or feeling: an_____

L Using the terms listed below, complete the following sentences.

ACE inhibitor	antidepressant	diuretic
anesthetic	antiestrogen	NSAID
antibiotic	antihistamine	oral antidiabetic
anticonvulsant	antiviral	SERM

1. Cephalosporins (such as cefuroxime and cefprozil) and penicillins are examples of a/an _____ drug.
2. Advil (ibuprofen) is an example of a/an _____.
3. Carbamazepine (Tegretol) and phenytoin (Dilantin) are examples of a/an _____ drug.
4. Zovirax (acyclovir) and Crixivan (indinavir) are both types of a/an _____ drug.
5. Nolvadex (tamoxifen), used to treat estrogen receptor-positive breast cancer in women, is an example of a/an _____ drug.
6. Patients with high blood pressure may need Vasotec (enalapril) or Zestril (lisinopril). Both of these are examples of a/an _____.
7. Metformin (Glucophage) and rosiglitazone (Avandia) are two types of _____ drugs.
8. Evista (raloxifene), used to treat osteoporosis in postmenopausal women, is an example of a selective estrogen receptor modulator or _____.
9. Amitriptyline (Elavil) and fluoxetine (Prozac) are two types of a/an _____ drug.
10. If you have an allergy, your doctor may prescribe Allegra (fexofenadine), which is a/an _____ drug.
11. Two agents that reduce the amount of fluid in the blood and thus lower blood pressure are Lasix (furosemide) and Aldactone (spironolactone). These are _____ drugs.
12. Xylocaine (lidocaine) and Pentothal (thiopental) are examples of a/an _____ drug.

M Give the meanings of the following abbreviations.

1. NSAID _____
2. p.r.n. _____
3. q.i.d. _____
4. ad lib _____
5. t.i.d. _____
6. mg _____
7. \bar{c} _____
8. \bar{s} _____
9. NPO _____
10. p.c. _____
11. b.i.d. _____
12. q.h. _____
13. PO _____
14. q _____

N Translate the following prescription orders.

1. 1 tab PO q.i.d. p.c. and h.s. _____
2. 15-60 mg IM q4-6h _____
3. 2 caps p.o. h.s. _____
4. 1 tab SL p.r.n. _____
5. Apply topically qhs prn _____

O Circle the term that best completes the meaning of the sentence.

1. After his heart attack, Bernie was supposed to take many drugs, including diuretics and a/an (**progestin**, laxative, anticoagulant) to prevent blood clots.
2. Estelle was always anxious and had a hard time sleeping. Dr. Max suggested that a mild (**antacid**, anticonvulsant, tranquilizer) would help her relax and concentrate on her work.
3. During chemotherapy Helen was very nauseated. Dr. Cohen prescribed an (**antihypertensive**, antiemetic, antianginal) to relieve her symptoms of queasy stomach.
4. The two antibiotics worked together and were therefore (**idiosyncratic**, generic, synergistic) in killing the bacteria in Susan's bloodstream.
5. The label warned that the drug might impair fine motor skills. It listed the (**side effects**, antidote, pharmacodynamics) of the sedative.
6. After receiving the results of Judy's sputum culture, her physician, an expert in (**endocrinology**, cardiology, infectious disease), recommended Biaxin and other (**antihistamines**, antibiotics, antidepressants) to combat the *Mycobacterium avium* complex disease in her (**heart**, thyroid gland, lungs).

7. Our dog, Eli, has had seizures since he was hit by a car last year. The veterinarian currently prescribes phenobarbital, an (**anticoagulant, antinauseant, anticonvulsant**), 45 mg b.i.d. (**every other day, twice a day, every evening**).
8. To control his type 1 (**heart disease, asthma, diabetes**), David gives himself daily injections of (**oral drugs, insulin, aromatase inhibitors**).
9. Many students who want to stay awake to study are taking (**stimulants, sedatives, tranquilizers**) containing (**lithium, caffeine, butabarbital**).
10. Shelly's wheezing, coughing, and shortness of breath when she is stressed and exposed to animal dander all pointed to a diagnosis of (**pneumonia, asthma, heart disease**), which required treatment with steroids and (**antivirals, diuretics, bronchodilators**).

ANSWERS TO EXERCISES

A

- | | | |
|------------------------|---------------------------|---------------------|
| 1. chemotherapy | 3. molecular pharmacology | 5. pharmacodynamics |
| 2. medicinal chemistry | 4. toxicology | 6. pharmacokinetics |

B

- | | | |
|---------------------------------|------------------|--------------------------------------|
| 1. toxicologist | 5. chemical name | 8. pharmacologist |
| 2. antidote | 6. generic name | 9. <i>Physicians' Desk Reference</i> |
| 3. Food and Drug Administration | 7. pharmacist | 10. United States Pharmacopeia |
| 4. trade (brand) name | | |

C

- | | | |
|---------------|---------------|---------------|
| 1. rectal | 3. sublingual | 5. parenteral |
| 2. inhalation | 4. topical | 6. oral |

D

- | | | |
|--|--|---|
| 1. within a vein | 6. within a muscle | 12. desired and beneficial effect of a drug |
| 2. within a sheath (membranes around the spinal cord or brain) | 7. under the skin | 13. exact timing and frequency of drug administration |
| 3. an agent that works against infection | 8. within a cavity | 14. prolonged use of a drug that may lead to physiologic need for its actions in the body |
| 4. an agent that works against itching | 9. physical and psychological dependence on a drug | |
| 5. a solution of particles (drug) in air (vapor or gas) | 10. amount of drug administered | |
| | 11. lack of beneficial response | |

E

- | | | |
|------|------|------|
| 1. G | 4. A | 7. E |
| 2. F | 5. H | 8. C |
| 3. B | 6. D | |

F

- | | |
|-----------------------------|-----------------|
| 1. synergism (potentiation) | 4. idiosyncrasy |
| 2. additive action | 5. antagonistic |
| 3. tolerance | |

G

- | | | |
|--|--|--|
| 1. an agent that inhibits or kills germ life (microorganisms) | 4. an agent that relieves pain | 8. an agent (mildly hypnotic) that relaxes and calms nervousness |
| 2. an agent that relieves the symptoms of depression | 5. an agent that prevents blood clotting | 9. an agent that excites and promotes activity |
| 3. an agent that blocks the action of histamine and relieves allergic symptoms | 6. an agent that reduces or eliminates sensation | 10. a drug used to control anxiety and severe disturbances of behavior |
| | 7. an agent used to prevent diabetes mellitus | |

H

1. H
2. F
3. C

4. E
5. B
6. A

7. D
8. G

I

1. drug that blocks the action of epinephrine at sites of receptors of heart muscles, blood vessels, and bronchial tubes (antihypertensive, antianginal, and antiarrhythmic)
2. a drug that produces male sexual characteristics
3. a hormone from the adrenal glands that reduces inflammation and raises blood sugar

4. a drug that blocks the entrance of calcium into heart muscle and blood vessel walls (antianginal, antiarrhythmic, and antihypertensive)
5. a hormone that produces female sexual characteristics
6. a drug that neutralizes acid in the stomach

7. a drug that relieves constipation
8. a drug that prevents nausea and vomiting
9. a drug that opens air passages
10. an agent that produces sleep
11. a drug that reduces the volume of blood and lowers blood pressure
12. a drug that reduces cholesterol levels (treats hypercholesterolemia)

J

1. C
2. H
3. E
4. A

5. I
6. D
7. J

8. G
9. B
10. F

K

1. antipyretic
2. antipruritic
3. narcotic

4. synergism
5. erythromycin
6. generic

7. contraindication
8. anesthetic

L

1. antibiotic
2. NSAID
3. anticonvulsant
4. antiviral

5. antiestrogen
6. ACE inhibitor
7. oral antidiabetic for type 2 diabetes
8. SERM

9. antidepressant
10. antihistamine
11. diuretic
12. anesthetic

M

1. nonsteroidal anti-inflammatory drug
2. as needed
3. four times a day
4. freely as desired

5. three times a day
6. milligram
7. with
8. without
9. nothing by mouth

10. after meals
11. twice a day
12. every hour
13. by mouth
14. every

N

1. take one tablet by mouth, four times a day, after meals and at bedtime

2. administer 15-60 milligrams intramuscularly, every 4-6 hours
3. take two capsules by mouth at bedtime

4. place one tablet under the tongue, as needed
5. apply to the skin, at bedtime as needed

O

1. anticoagulant
2. tranquilizer
3. antiemetic
4. synergistic

5. side effects
6. infectious disease, antibiotics, lungs
7. anticonvulsant, twice a day

8. diabetes, insulin
9. stimulants, caffeine
10. asthma, bronchodilators

Answers to Practical Applications**Prescriptions**

1. d
2. f
3. a

4. c
5. b
6. e



PRONUNCIATION OF TERMS

To test your understanding of the terminology in this chapter, write the meaning of each term in the space provided. In addition, you may wish to cover the terms and write them by looking at your definitions. Make sure your spelling is correct. The page number after each term indicates where it is defined or used in the book, so you can easily check your responses. You will find complete definitions for all of these terms and their audio pronunciations on Evolve website.

Pronunciation Guide

ā as in āpe	ă as in ăpple
ē as in ēven	ě as in ěvery
ī as in īce	ĩ as in ĩnterest
ō as in ōpen	ő as in pőt
ū as in ūnit	ű as in űnder

TERM	PRONUNCIATION	MEANING
ACE inhibitor (899)	ĀCE ĩn-HĪB-ĩ-tōr	
addiction (897)	ă-DĪK-shŭn	
additive action (897)	ĀD-ĩ-tĭv ĀK-shŭn	
aerosol (897)	ĀR-ō-sōl	
amphetamine (899)	ăm-FĒT-ă-mĕn	
analgesic (899)	ăn-ăl-JĒ-zĭk	
anaphylaxis (897)	ăn-ă-fĭ-LĀK-sĭs	
androgen (899)	ĀN-drō-jĕn	
anesthesia (901)	ăn-ĕs-THĒ-zĕ-ă	
anesthetic (899)	ăn-ĕs-THĒ-tĭk	
angiotensin II receptor blocker (899)	ăn-jĕ-ō-TĒN-sĭn II rĕ-CĒP-tōr BLŌK-ĕr	
antacid (899)	ănt-ĀS-ĭd	
antagonistic action (897)	ăn-tă-gŏn-NĪS-tĭk ĀK-shŭn	
antiandrogen (899)	ăn-tĕ-ĀN-drō-jĕn	
antiarrhythmic (899)	ăn-tĕ-ă-RĪTH-mĭk	
antibiotic (899)	ăn-tĭ-bĭ-ŌT-ĭk	
anticoagulant (899)	ăn-tĭ-kō-ĀG-ŭ-lănt	
anticonvulsant (899)	ăn-tĭ-kŏn-VŪL-sănt	
antidepressant (899)	ăn-tĭ-dĕ-PRĒS-ănt	
antidiabetic (899)	ăn-tĭ-dĭ-ă-BĒT-ĭk	
antidiarrheal (899)	ăn-tĭ-dĭ-ă-RĒ-ăl	
antidote (897)	ĀN-tĭ-dōt	
antiemetic (899)	ăn-tĭ-ĕ-MĒ-tĭk	

TERM	PRONUNCIATION	MEANING
antihistamine (899)	ăn-tĩ-HĪS-tǎ-mēn	_____
antinauseant (899)	ăn-tĩ-NAW-zē-ănt	_____
antiplatelet (899)	ăn-tĩ-PLĀT-lět	_____
antipruritic (901)	ăn-tĩ-proo-RĪT-ĭk	_____
antipyretic (901)	ăn-tĩ-pĩ-RĒT-ĭk	_____
antiulcer (899)	ăn-tĩ-ŪL-sěr	_____
antiviral (899)	ăn-tē-VĪ-rǎl	_____
aromatase inhibitor (899)	ă-RŌ-mǎ-tās ĩn-HĪB-ĩ-tǒr	_____
bactericidal (899)	bǎk-tě-rĩ-SĪ-dǎl	_____
bacteriostatic (899)	bǎk-tě-rē-ō-STĀ-tĭk	_____
beta-blocker (899)	BĀ-tǎ BLŌK-ěr	_____
bronchodilator (901)	brōng-kō-DĪ-lǎ-tǒr	_____
bisphosphonate (899)	bĭs-FŌS-fō-nāt	_____
brand name (897)	brǎnd nām	_____
caffeine (899)	kǎf-ĒN	_____
calcium channel blocker (899)	KĀL-sē-ŭm CHĀN-ěl BLŌK-ěr	_____
cardiac glycoside (900)	KĀR-dē-ăk GLĪ-kō-sĭd	_____
cardiovascular drug (900)	kǎr-dē-ō-VĀS-kū-lǎr drŭg	_____
cathartic (900)	kǎ-THĀR-tĭk	_____
chemical name (897)	KĒM-ĩ-kal nām	_____
chemotherapy (901)	kē-mō-THĒR-ă-pē	_____
cholesterol-binding drug (900)	kō-LĒS-těr-ől BĪN-dĭng drŭg	_____
cholesterol-lowering drug (900)	kō-LĒS-těr-ől LŌ-wěr-ĭng drŭg	_____
contraindications (897)	kōn-trǎ-ĩn-dĩ-KĀ-shŭnz	_____
controlled substances (897)	kōn-TRŌLD SŪB-stǎn-sěz	_____
dependence (897)	dĩ-PEN-dents	_____
diuretic (900)	dĩ-ŭ-RĒT-ĭk	_____
dose (897)	dōs	_____
emetic (900)	ě-MĒT-ĭk	_____
erythromycin (901)	ě-rĭth-rō-MĪ-sĭn	_____
endocrine drug (900)	ĒN-dō-krĭn drŭg	_____

TERM	PRONUNCIATION	MEANING
estrogen (900)	ĚS-trō-jěn	
gastrointestinal drug (900)	gäs-trō-în-TĚS-tĩ-năl drüg	
generic name (897)	jě-NĚR-ik nām	
glucocorticoid (900)	gloo-kō-KÖR-tĩ-koyd	
hypnotic (900)	hĩp-NÖT-ik	
hypodermic (901)	hĩ-pō-DĚR-mĩk	
iatrogenic (897)	ĩ-ăt-rō-JĚN-ik	
idiosyncrasy (901)	ĩd-ē-ō-SĪN-křā-sē	
idiosyncratic reaction (897)	ĩd-ē-ō-sĩn-KRĀ-tik rē-ĀK-shũn	
inhalation (897)	ĩn-hă-LĀ-shũn	
intrathecal (901)	ĩn-tră-THĚ-kăl	
intravenous (902)	ĩn-tră-VĚ-nũs	
laxative (900)	LĀK-să-tiv	
medicinal chemistry (897)	mě-DĪ-sĩ-năl KĚM-ĩs-trē	
molecular pharmacology (897)	mō-LĚK-ũ-lăr făr-mă-KÖL-ō-jē	
narcotic (900)	năr-KÖT-ik	
oral administration (897)	ÖR-ăl ěd-mĩn-ĩs-TRĀ-shũn	
parenteral administration (897)	pă-RĚN-těr-ăl ěd-mĩn-ĩs-TRĀ-shũn	
pharmacist (898)	FĀR-mă-sĩst	
pharmacy (898)	FĀR-mă-sē	
pharmacodynamics (898)	făr-mă-kō-dĩ-NĀM-ĩks	
pharmacokinetics (898)	făr-mă-kō-kĩ-NĚT-ĩks	
pharmacologist (898)	făr-mă-KÖL-ō-gĩst	
pharmacology (898)	făr-mă-KÖL-ō-gē	
progestin (900)	prō-JĚS-tĩn	
purgative (900)	PŮR-gă-tiv	
receptor (898)	rē-SĚP-tör	
rectal administration (898)	RĚK-tăl ěd-mĩn-ĩs-TRĀ-shũn	
resistance (898)	rē-SĪS-tăns	
respiratory drug (900)	rēs-pĩr-ă-TÖR-ē drüg	

TERM	PRONUNCIATION	MEANING
response (898)	rě-SPŌNS	_____
schedule (898)	SKĚD-ŭl	_____
sedative (900)	SĚD-ă-tiv	_____
side effect (898)	sīd ě-FĚKT	_____
stimulant (900)	STĪM-ŭ-lănt	_____
subcutaneous (901)	sŭb-kŭ-TĀ-nē-ŭs	_____
sublingual administration (898)	sŭb-LĪNG-wăl ăd-mĭn-ĭs-TRĀ-shŭn	_____
synergism (898)	SĪN-ěr-jĭzm	_____
synergistic (902)	sĭn-ěr-JĪS-tĭk	_____
syringe (898)	sĭ-RĪNJ	_____
thyroid hormone (900)	THĪ-royd HŌR-mŏn	_____
tolerance (898)	TŌL-ěr-ănz	_____
topical application (898)	TŌP-ĭ-kl ăp-lĭ-KĀ-shŭn	_____
toxic (902)	TŌK-sĭk	_____
toxicity (898)	tŏk-SĪS-ĭ-tē	_____
toxicology (898)	tŏk-sĭ-KŌL-ŏ-jē	_____
tranquilizer (900)	TRĀN-kwĭ-lĭ-zēr	_____
transport (898)	TRĀNZ-pŏrt	_____
vasodilator (902)	văz-ŏ-DĪ-lă-tŏr	_____
vitamin (898)	VĪ-tă-mĭn	_____



REVIEW SHEET

Write the meanings of the word parts in the spaces provided, and test yourself. Check your answers with the information in the chapter or in the Glossary (Medical Word Parts—English) at the end of the book.

Combining Forms

COMBINING FORM	MEANING	COMBINING FORM	MEANING
aer/o	_____	lingu/o	_____
alges/o	_____	myc/o	_____
bronch/o	_____	narc/o	_____
chem/o	_____	or/o	_____
cras/o	_____	pharmac/o	_____
cutane/o	_____	prurit/o	_____
derm/o	_____	pyret/o	_____
enter/o	_____	thec/o	_____
erg/o	_____	tox/o	_____
esthes/o	_____	toxic/o	_____
hist/o	_____	vas/o	_____
hypn/o	_____	ven/o	_____
iatr/o	_____	vit/o	_____

Suffixes

SUFFIX	MEANING	SUFFIX	MEANING
-amine	_____	-in	_____
-dote	_____	-phylaxis	_____
-genic	_____	-sol	_____

Prefixes

PREFIX	MEANING	PREFIX	MEANING
ana-	_____	par-	_____
anti-	_____	syn-	_____
contra-	_____		

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CHAPTER 22

Psychiatry

This chapter is divided into the following sections:

Introduction, 922

Psychiatric Clinical Symptoms, 923

Psychiatric Disorders, 924

Therapeutic Modalities, 933

Vocabulary, 936

Terminology, 939

Abbreviations, 942

In Person: Living with Autism, 943

Practical Applications, 944

Exercises, 948

Answers to Exercises, 954

Pronunciation of Terms, 956

Review Sheet, 960

CHAPTER GOALS

- Differentiate among a psychiatrist, a psychologist, and other mental health specialists.
- Describe tests used by clinical psychologists to evaluate a patient's mental health and intelligence.
- Define terms that describe major psychiatric disorders.
- Identify terms that describe psychiatric symptoms.
- Compare different types of therapy for psychiatric disorders.
- Identify the categories of psychiatric drugs, and name commonly used drugs in each category.
- Define combining forms, suffixes, prefixes, and abbreviations related to psychiatry.
- Apply your new knowledge to understanding medical terms in their proper contexts, such as medical reports and records.

INTRODUCTION

You will find this chapter different from others in the book. Some, but not all, psychiatric disorders are not readily explainable in terms of abnormalities in the structure or chemistry of an organ or tissue, as are other illnesses. In addition, the causes of mental disorders are complex and include significant psychological and social as well as chemical and structural elements. This chapter provides a simple outline of psychiatric disorders and definitions of major psychiatric terms. For more extensive and detailed information, you may wish to consult the ***Diagnostic and Statistical Manual of Mental Disorders, fourth edition, text revision (DSM-IV-TR)***, published by the American Psychiatric Association (Washington, DC), as well as other textbooks of psychiatry.

Psychiatry (**psych/o** = mind, **iatr/o** = treatment) is the branch of medicine that deals with the diagnosis, treatment, and prevention of mental illness. It is a specialty of clinical medicine like surgery, internal medicine, pediatrics, and obstetrics.

Psychiatrists complete the same medical training (4 years of medical school) as for other physicians and receive an MD (doctor of medicine) degree. Then they spend a variable number of years training in the methods and practice of **psychotherapy** (psychological techniques for treating mental disorders) and **psychopharmacology** (drug therapy). Psychiatrists complete 4 years of residency training and then extra years of fellowship training to specialize in various aspects of psychiatry. **Child psychiatrists** specialize in the treatment of children; **forensic psychiatrists** specialize in the legal aspects of psychiatry, such as the determination of mental competence in criminal cases. **Psychoanalysts** complete 3 to 5 additional years of training in a special psychotherapeutic technique called **psychoanalysis** in which the patient freely relates her or his thoughts and associations to the analyst, who does not interfere with the process. Interpretations are offered at appropriate times.

A **psychologist** is a nonmedical professional who is trained in methods of psychological testing, psychotherapy, analysis, and research and completes a doctor of philosophy (PhD) or doctor of education (EdD) degree program in a specific field of interest, such as **clinical** (patient-oriented) **psychology**, **experimental research**, or **social psychology** (focusing on social interaction and the ways the actions of others influence the behavior of the individual). A **clinical psychologist**, like a psychiatrist, can use various methods of psychotherapy to treat patients but, unlike a psychiatrist, cannot prescribe drugs or electroconvulsive therapy. Other nonphysicians trained in the treatment of mental illness include licensed clinical social workers, psychiatric nurses, and licensed mental health clinicians (LMHCs).

Clinical psychologists are trained in the use of tests to evaluate various aspects of a patient's mental health and intelligence. Examples are **intelligence (IQ) tests** such as the **Wechsler Adult Intelligence Scale (WAIS)** and the **Stanford-Binet Intelligence Scale**. Two projective (**personality**) tests are the use of **Rorschach technique**, in which inkblots, as shown in Figure 22-1, are used to bring out associations, and the **Thematic Apperception Test (TAT)**, in which pictures are used as stimuli for making up stories (Figure 22-2). Both tests are revealing of personality structure. Examples of **graphomotor projection tests** are the **Draw a Person Test**, in which the patient is asked to copy a body, and the **Bender-Gestalt Test**, in which the patient is asked to draw certain geometric designs. The Bender-Gestalt Test picks up deficits in mental processing and memory caused by brain damage and is used to screen children for developmental delays. The **Minnesota Multiphasic Personality Inventory (MMPI)** contains true-false questions that reveal aspects of personality, such as sense of duty or responsibility, ability to relate to others, and dominance (assertiveness, resourcefulness). This test is widely used as a measure of psychological health in adolescents and adults. The patient's responses to questions are compared with responses made by patients with diagnoses of schizophrenia, depression, and so on.

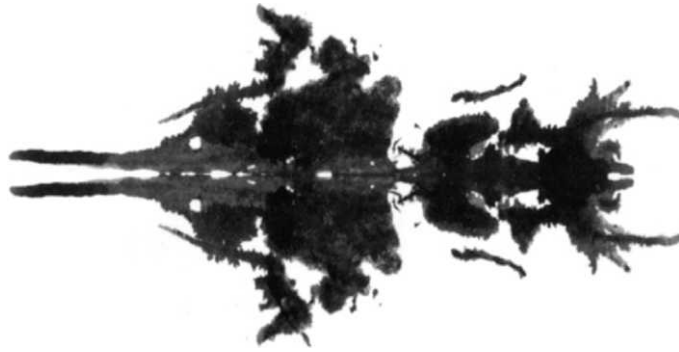


FIGURE 22-1 Inkblots like this one are presented on 10 cards in the Rorschach test. The patient describes images seen in the blot.

PSYCHIATRIC CLINICAL SYMPTOMS

The following terms describe abnormalities that are evident to an examining mental health professional. Familiarity with these terms will help you understand the next section, Psychiatric Disorders.

amnesia	Loss of memory.
anxiety	Varying degrees of uneasiness, apprehension, or dread often accompanied by palpitations, tightness in the chest, breathlessness, and choking sensations.
apathy	Absence of emotions; lack of interest, emotional involvement, or motivation.
compulsion	Uncontrollable urge to perform an act repeatedly.
conversion	Anxiety becomes a bodily symptom, such as blindness, deafness, or paralysis, that does not have a physical basis.



FIGURE 22-2 A sample picture from the **Thematic Apperception Test**. The patient is asked to tell the story that the picture illustrates.

delusion	A fixed, false belief that cannot be changed by logical reasoning or evidence.
dissociation	Uncomfortable feelings are separated from their real object. In order to avoid mental distress, the feelings are redirected toward a second object or behavior pattern.
dysphoria	Sadness, hopelessness; depressive mood, or feeling “low.”
euphoria	Exaggerated feeling of well-being (“high”).
hallucination	False or unreal sensory perception as, for example, hearing voices when none are present; an illusion is a false perception of an actual sensory stimulus.
labile	Variable; undergoing rapid emotional change.
mania	Elation or irritability, associated with distractibility, hyperactivity, talkativeness, injudicious acts, flight of ideas, and racing thoughts.
mutism	Non-reactive state with inability to speak.
obsession	An involuntary, persistent idea or emotion; the suffix -mania indicates a strong obsession with something (e.g., pyromania is an obsession with fire).
paranoia	Overly suspicious system of thinking; fixed delusion that one is being harassed, persecuted, or unfairly treated.

PSYCHIATRIC DISORDERS

Sigmund Freud's ideas of personality structure play an important role in the understanding of many types of psychiatric disorders. Freud believed that personality is made up of three major parts: the **id**, the **ego**, and the **superego**. The **id** represents the unconscious instincts and psychic energy present from birth. The id contains basic drives that, operating according to the pleasure principle, seek immediate gratification regardless of the reality of the situation.

The **ego** is the central coordinating branch of the personality. It is the mediator between the id and the outside world. It is the part of the personality that evaluates and assesses the reality of a situation (**reality testing**) and, if necessary, postpones the gratification of a need or drive (id) until a satisfactory object or situation arises. The ego is perceived as being “self” by the individual.

The **superego** is the internalized conscience and moral part of the personality. It encompasses the sense of discipline derived from parental authority and society. Guilt feelings, for example, arise from behavior and thoughts that do not conform to the standards of the superego.

Freud believed that certain psychological disorders occur when conflicts arise between two or more of these aspects of the personality. **Defense mechanisms**, such as denial, are techniques people use to ward off the anxiety produced by these conflicts. For example, a person afflicted with a serious illness may avoid confronting his or her present or future problems by denial. Thus, he or she may refuse to believe the diagnosis, may miss appointments, may neglect medication, or may ignore symptoms. All individuals use defense mechanisms to cope with difficult problems. The use of these mechanisms may be regarded as abnormal or normal according to whether that use makes a constructive or destructive contribution to the individual's personality.

The term **psychosis** is frequently used to describe mental illness. A **psychosis** involves significant impairment of reality testing, with symptoms such as **delusions** (false beliefs), **hallucinations** (false sensory perceptions), and bizarre behavior. Schizophrenic disorders are examples of psychoses. Patients exhibit a disturbed sense of self, inappropriate affect (emotional reactions), and withdrawal from the external world.

Psychiatric disorders that are discussed in this section are **anxiety disorders, delirium and dementia, dissociative disorders, eating disorders, mood disorders, personality disorders, pervasive developmental disorders, schizophrenia, sexual and gender identity disorders, somatoform disorders, and substance-related disorders.**

ANXIETY DISORDERS

Anxiety disorders are characterized by the experience of unpleasant tension, distress, troubled feelings, and avoidance behavior. A **panic attack** is a defined period of intense fear or discomfort in which symptoms develop abruptly and reach a peak within 10 minutes. Symptoms and clinical signs may include the following:

- Palpitations
- Sweating
- Trembling
- Smothering or shortness of breath
- Feeling of choking
- Chest pain
- Nausea
- Feeling dizzy or faint
- Feelings of unreality or depersonalization
- Fear of losing control or going crazy
- Fear of dying
- Numbness or tingling
- Hot flashes

Panic disorder is a condition characterized by recurrent, unexpected panic attacks and persistent concern about having another panic attack in between episodes. A panic attack can occur in the context of other anxiety disorders, such as phobic, obsessive-compulsive, post-traumatic stress, and generalized anxiety disorders.

Phobic disorders are characterized by irrational or debilitating fears associated with a specific object or situation. The patient with a phobic disorder goes to extreme lengths to avoid the object of her or his fear. The object that is feared often is symbolic of an unconscious conflict that is the cause of the phobia and thus diverts the patient's attention from the conflict, keeping it unconscious. Panic attacks (periods of intense apprehension and fear) can occur in anticipation of the phobic situation.

Agoraphobia (**agora** = marketplace) is the fear of being in open, crowded, public places from which escape would be difficult or in which help might not be available, or of going out alone in "unsafe" places. Persons with agoraphobia limit their normal activities to avoid situations that trigger their anxiety. Thus, they may feel comfortable only when at home or in the company of a friend or relative.

A **social phobia (social anxiety disorder)** is the fear of situations in which the affected person is open to public scrutiny, which could result in possible embarrassment and humiliation. For example, the fear may focus on speaking in public, using public lavatories, or eating in public.

Other specific phobias are **claustrophobia** (fear of closed-in places; **claustr/o** = barrier), **acrophobia** (fear of heights; in this term, **acr/o** = a high point), and **zoophobia** (fear of animals; **zo/o** = animals).

Obsessive-compulsive disorder (OCD) involves recurrent thoughts (**obsessions**) and repetitive acts (**compulsions**) that dominate the patient's life. The patient experiences anxiety if he or she is prevented from performing special rituals. Often the OCD consumes time and interferes with the individual's social or occupational functioning. Several antidepressant drugs, including clomipramine, have been used to treat OCD, with considerable success, particularly when combined with cognitive behavioral therapy.

Post-traumatic stress disorder (PTSD) is the development of symptoms (intense fear, helplessness, insomnia, nightmares, and diminished responsiveness to the external world) following exposure to a traumatic event. Flashbacks, bothersome thoughts, and anxiety often triggered by reminders occur in episodes long after a life-threatening or major emotional event. People avoid situations with reminders. Many survivors of the September 11, 2001, attack on the World Trade Center towers and the Pentagon experienced post-traumatic stress disorder.

Generalized anxiety disorder (GAD) is characterized by chronic anxiety and exaggerated worry and tension even when there is little or nothing to provoke such feelings.

DELIRIUM AND DEMENTIA

Delirium and **dementia** are disorders of **cognition** (mental processes of thinking, perception, reasoning, and judgment).

Delirium is an acute, temporary disturbance of consciousness characterized by mental confusion and often psychotic symptoms. The affected person usually presents with rambling, irrelevant, or incoherent speech, sensory misperceptions, and disorientation as to time, place, or person and with memory impairment. Delirium is caused by a variety of conditions, including drug intoxication or withdrawal, seizures or head trauma, and metabolic disturbances such as hypoxia, hypoglycemia, electrolyte imbalances, or hepatic or renal failure. **Delirium tremens** is brought on by stopping alcohol consumption suddenly after prolonged periods of heavy alcohol ingestion.

Dementia is impairment of judgment, memory, and abstract thinking that involves a general, more gradual loss of intellectual abilities as well as changes in personality. It also includes difficulty with language and with simple acts like dressing or brushing the teeth. Dementia may be caused by conditions, some reversible and some progressive, involving damage to the brain. The most common cause is Alzheimer disease, but other causes are cerebrovascular disease (stroke), central nervous system (CNS) infection, medications and drugs, brain trauma, tumors, and Parkinson and Huntington diseases. Depression also can manifest as (pseudo)dementia. It is important to identify treatable causes of dementia.

DISSOCIATIVE DISORDER

A **dissociative disorder** is a condition involving breakdown in memory, identity, or perception. People with dissociative disorder escape reality through amnesia, **fugue** (sudden travel away from home or work), or alternate identities.

EATING DISORDERS

Eating disorders are severe disturbances in eating behavior. Examples are **anorexia nervosa** and **bulimia nervosa**. Anorexia nervosa is characterized by refusal to maintain a minimal normal body weight. The affected person is intensely afraid of gaining weight and has a disturbance in perception of the shape or size of her or his body. (The term **anorexia**,

meaning “lack of appetite,” is a misnomer because lack of appetite is rare.) The condition predominantly affects adolescent females, and its principal symptom is a conscious, relentless attempt to diet along with excessive, compulsive overactivity, such as exercise, running, or gymnastics. Most postmenarchal females with this disorder are amenorrheic.

Bulimia nervosa (**bulimia** means abnormal increase in hunger) is characterized by binge eating (uncontrolled indulgence in food) followed by purging (eliminating food from the body). Persons with bulimia maintain normal or nearly normal weight because after bingeing they engage in inappropriate purging. Examples of purging are self-induced vomiting and the misuse of laxatives or enemas.

MOOD DISORDERS

A mood disorder is a condition of prolonged, intense abnormal mood, like sadness, that dominates the patient's entire mental life for some time. Examples of mood disorders are **bipolar disorder** and **depressive disorder**.

Bipolar disorders (**bi-** = two; **pol/o** = extreme) are characterized by one or more **manic** episodes alternating with depressive episodes. A manic episode is a period during which the predominant mood is excessively elevated (euphoria), expansive, or irritable. Associated symptoms include inflated self-esteem, or grandiosity, decreased need for sleep, a nearly continuous flow of rapid speech with quick changes of topic, distractibility, an increase in goal-directed activity, and excessive involvement in pleasurable activities that have a high potential for painful consequences. Often there are increased sociability and participation in multiple activities marked by intrusive, domineering, and demanding behavior. **Hypomania** (in this term, **hypo-** = decrease) describes a mood resembling mania, but of lesser intensity. **Bipolar disorder I** is characterized by one or more manic episodes, often alternating with major depressive episodes. **Bipolar disorder II** is characterized by recurrent major depressive episodes alternating with hypomanic episodes.

Cyclothymic disorder (**cycl/o** = cycle, **thym/o** = mind) is a mild form of bipolar disorder characterized by at least 2 years of hypomania and numerous depressive episodes that do not meet the criteria that define a major depressive episode.

Depressive disorders are marked by the occurrence of one or more major depressive episodes without a history of mania or hypomania. **Major depression** involves episodes of severe **dysphoria** (sadness, hopelessness, worry, discouragement). Other signs and symptoms are appetite disturbances (increase or decrease) and changes in weight; sleep disorders such as insomnia or hypersomnia; fatigue or low energy; feelings of worthlessness, hopelessness, or excessive or inappropriate guilt; difficulty thinking or concentrating; and recurrent thoughts of death or suicide. **Dysthymia** (or **dysthymic disorder**) is a depressive disorder involving depressed mood (feeling sad or “down in the dumps”) that persists over a 2-year period but is not as severe as major depression. Also, there are no psychotic features (delusions, hallucinations, incoherent thinking) as are sometimes found in major depression.

Researchers have noted a relationship between the onset of an episode of depressive disorder and a particular period of the year. A regular appearance of depression may occur within approximately 60 days, between the beginning of October and the end of November, every year. This is referred to as **seasonal affective (mood) disorder (SAD)**. A change from depression to mania or hypomania also may occur within a 60-day period from mid-February to mid-April.

PERSONALITY DISORDERS

Personality traits are established patterns of thinking and ways of relating to and perceiving the environment and the self; however, when these traits become inflexible and rigid or are the source of impaired functioning, distress, and conflict with others, they constitute **personality disorders**. Types of personality disorders include the following:

antisocial	No loyalty to or concern for others, and without moral standards; acts only in response to desires and impulses; cannot tolerate frustration and blames others when he or she is at fault.
borderline	Instability in interpersonal relationships and sense of self; characterized by alternating involvement with and rejection of people. Frantic efforts are made to avoid real or imagined abandonment.
histrionic	Emotional, attention-seeking, immature, and dependent; irrational outbursts and tantrums; flamboyant and theatrical; having general dissatisfaction with the self and angry feelings about the world.
narcissistic	Grandiose sense of self-importance or uniqueness and preoccupation with fantasies of success and power. Narcissism is a pervasive interest in the self with a lack of empathy for others.
paranoid	Continually suspicious and mistrustful of other people but not to a psychotic or delusional degree; jealous and overly concerned with hidden motives of others; quick to take offense.
schizoid	Emotionally cold and aloof; indifferent to praise or criticism or to the feelings of others; few friendships and rarely appears to experience strong emotions, such as anger or joy.

PERVASIVE DEVELOPMENTAL DISORDERS

Pervasive developmental disorders are a group of childhood disorders characterized by delays in the development of socialization and communication skills. Examples are **autism** and **Asperger syndrome**. **Autism**, commonly becoming evident during the first 3 years of life, is marked by difficulties in verbal and nonverbal communication and in social and play interactions. It is a spectrum disorder, affecting each individual differently and at varying degrees. Persons with autism may exhibit some of the following traits:

- Resistance to change; insistence on sameness
- Using gestures or pointing instead of words to communicate needs
- Repeating words or phrases
- Preference for being alone; aloof in manner
- Tantrums
- Difficulty in interacting with others
- Not wanting to be touched
- Little or no eye contact
- Uneven gross/fine motor skills
- Sensitivity to sound
- Obsessive attachment to objects

Symptoms of autism may lessen as the child develops and receives treatment. See the **In Person** feature on page 943.

Asperger syndrome is often referred to as a less severe type of autism. Children with Asperger syndrome frequently have normal language skills and normal intelligence. They usually want to interact with others but don't know how to do it. They may have fine rote memory skills but have difficulty with abstract concepts. Repetitive and restricted patterns of behavior may also be part of the picture.

SCHIZOPHRENIA

Schizophrenia is a chronic psychotic disorder characterized by disturbed thinking and disorganized speech. It includes the following symptoms:

Delusions such as “people are out to get me” or thought broadcasting (belief that internal thoughts are broadcast to the external world so that others can hear them).

Hallucinations involving voices or sounds that do not exist but seem real.

Thought disorder, such as loosening of associations (ideas shift from one subject to another, completely unrelated or only obliquely connected). This may result in incoherent, incomprehensible speech.

Disorders of movement, including involuntary movements and mannerisms or clumsiness or uncoordination.

Flat affect marked by monotonous voice, immobile face, and no signs of expression. **Affect** (external expression of emotion) also may be inappropriate (smiling and laughing when the subject is serious).

Impaired interpersonal functioning and relationship to the external world, such as emotional detachment and social withdrawal.

Positive symptoms of schizophrenia are thought disorder, hallucinations, and delusions. **Negative symptoms** include flat affect (apathy), social withdrawal, and inability to experience pleasure.

Psychiatrists describe subtypes types of schizophrenia, such as **catatonic type** (the patient is mute and does not move or react to the outside environment); **disorganized type** (the patient exhibits disorganized speech and bizarre behavior); and **paranoid type** (the patient experiences prominent delusions of grandeur or persecution and auditory hallucinations).

SEXUAL AND GENDER IDENTITY DISORDERS

Sexual disorders are divided into two types: **paraphilias** and **sexual dysfunctions**. **Paraphilias** (**para-** = abnormal, **-philia** = attraction to or love) are characterized by recurrent intense sexual urges, fantasies, or behaviors that involve unusual objects, activities, or situations. **Sexual dysfunctions** are disturbances in sexual desire or changes in sexual response, such as premature ejaculation and dyspareunia (painful sexual intercourse) that are not the result of a general medical condition.

Examples of paraphilias are:

exhibitionism	Compulsive need to expose one's body, particularly the genitals, to an unsuspecting stranger.
fetishism	The use of nonliving objects (articles of clothing) as substitutes for a human sexual love object.
pedophilia	Sexual urges and fantasies involving sexual activity with a prepubescent child (age 13 or younger).
sexual masochism	Sexual gratification is gained by being humiliated, beaten, bound, or otherwise made to suffer by another person.
sexual sadism	Sexual gratification is gained by inflicting physical or psychological pain or humiliation on others.
transvestic fetishism	Cross-dressing; wearing clothing of the opposite sex. This disorder has been described in heterosexual males who have intense sexually arousing fantasies, urges, or behaviors involving cross-dressing.
voyeurism	Sexual excitement is achieved by observing unsuspecting people who are naked, undressing, or engaging in sexual activity.

A **gender identity disorder** is likely to be reclassified as **gender dysphoria** in the next edition of the DSM. In DSM-IV-TR, this condition is defined as a strong and persistent cross-gender identification with the opposite sex manifested in preference for cross-dressing and cross-gender roles in make-believe play or in persistent fantasies of being the other sex.

SOMATOFORM DISORDERS

In somatoform disorders, the patient's mental conflicts are expressed as physical symptoms. The physical signs and symptoms, such as abdominal or chest pain, nausea, vomiting, diarrhea, palpitations, deafness, blindness, and paralysis, are not adequately explained by a physical or other mental disorder or by injury and are not side effects of medication, drugs, or alcohol. There is no diagnosable medical condition such as depression that fully accounts for a physical symptom.

Examples of somatoform (**somat/o** = body) disorders are **conversion disorder** and **hypochondriasis**.

Conversion disorder is a loss of physical functioning that suggests a physical disorder but that instead is an expression of a psychological conflict or need. The patient usually has a feared or unconscious conflict that threatens to escape from **repression** (a defense mechanism in which a person removes unacceptable ideas or impulses from consciousness), but the energies associated with this conflict are experienced as a physical symptom. The conversion symptom (examples are paralysis, blindness, seizures, paresthesias, and dyskinesia) enables the affected person to avoid the conflict and get support from the surrounding environment. For example, a person with repressed anger and desire to physically harm a family member may suddenly develop paralysis of the arm (conversion symptom). Another example of a conversion symptom might be paralysis of the finger used to pull the trigger of a gun if there was internal conflict about firing the weapon.

Hypochondriasis is a preoccupation with body aches, pains, and discomforts in the absence of real illness. Appropriate physical evaluation and diagnostic testing do not support the diagnosis of any physical disorder that can account for the symptoms or the person's interpretation of them. Ruling out a physical abnormality does not reassure the person with hypochondriasis.

SUBSTANCE-RELATED DISORDERS

Substance-related disorders are characterized by symptoms and behavioral changes associated with regular use or discontinuation of substances that affect the central nervous system. Continued or periodic use of certain drugs produces a state of dependence. **Psychological dependence** is a compulsion to continue taking a drug despite adverse consequences, and **physiologic dependence** is characterized by the onset of withdrawal symptoms when the drug is discontinued abruptly. A significant feature of physiologic dependence is **tolerance**. Tolerance is the declining effect of the drug so that the dose must be increased to give the same effect.

Examples of substances that are associated with drug abuse (use of a drug for purposes other than those for which it is prescribed) and dependence are:

Alcohol. Alcohol dependence often is associated with the use and abuse of other psychoactive drugs (cannabis, cocaine, heroin, amphetamines). Signs of alcohol dependence and intoxication include slurred speech, incoordination, unsteady gait, nystagmus (rapid, rhythmic movement of the eyeball), impairment in attention or memory, stupor, or coma. It also is associated with depression, as either a cause or a consequence of the drinking.

Amphetamines. These central nervous system stimulants are taken orally or administered intravenously. Examples are amphetamine (Benzedrine), dextroamphetamine (Dexedrine), methamphetamine (Desoxyn, or “speed”), and methylphenidate (Ritalin). Some appetite suppressants (diet pills) are amphetamine-like drugs. Psychological and behavioral changes associated with amphetamine dependence include anger, tension or anxiety, impaired judgment, inability to enjoy what was previously pleasurable, and social isolation. Physical signs and symptoms include tachycardia or bradycardia, pupillary dilation, nausea, elevated or low blood pressure, and muscular weakness. Serious depression can occur during withdrawal.

Cannabis. This class of drugs includes all substances with psychoactive properties derived from the cannabis plant plus chemically similar synthetic substances. Examples are **marijuana**, hashish, and purified delta-9-tetrahydrocannabinol (THC), the major psychoactive ingredient in these substances. Psychological and physical signs and symptoms after the smoking of cannabis include euphoria, impaired motor coordination, anxiety, sensation of slowed time, social withdrawal, and impaired memory and judgment. Other signs of cannabis intoxication are increased appetite, dry mouth, tachycardia, and paranoia.

Cocaine. Cocaine is a stimulant drug that produces euphoria as well as vasoconstriction, tachycardia, and hypertension. It comes from the leaves of the coca tree that grows in Central and South America. The form of cocaine most commonly used in the United States is cocaine hydrochloride powder, which is inhaled through the nostrils and then absorbed into the bloodstream through mucous membranes. It also can be injected intravenously, either alone or mixed with heroin (speedball). This mixture is particularly dangerous because cocaine and heroin act synergistically to depress respiratory function. If the cocaine is separated from its powdered salt form and combined with ether, ammonia, or baking soda, the resulting cocaine alkaloid is commonly called freebase. This form can be smoked and is known as crack or rock. Often, the user of cocaine also is dependent on alcohol or sedatives, which are taken in an attempt to alleviate the unpleasant aftereffects (anxiety, depression, and fatigue) of cocaine intoxication.

Hallucinogens. These drugs produce a state of central nervous system excitement, hyperactivity, hallucinations, delusions, hypertension, and mood changes. Examples of hallucinogens are **lysergic acid diethylamide (LSD)**, **mescaline (peyote)**, and **phencyclidine (PCP)**. The use of hallucinogens generally is episodic because their psychoactive effects are highly potent; frequent use may lead to marked tolerance.

Opioids. This group of drugs includes **heroin** and **morphine** and synthetic drugs with morphine-like action, such as **codeine**, meperidine (Demerol), and oxycodone (OxyContin is sustained-release oxycodone). These compounds are prescribed as analgesics (painkillers), anesthetics, or cough suppressants. Typical signs and symptoms of opioid intoxication are pupillary constriction, euphoria, slowness in movement, drowsiness, and slurred speech. Effects of overdose are slow and shallow breathing, convulsions, coma, and possible death. Signs and symptoms of opioid withdrawal are watery eyes, rhinorrhea (runny nose), pupillary dilation, abdominal cramps and diarrhea, and muscle and joint pain.

Sedatives, Hypnotics, or Anxiolytics. These drugs have a soothing, relaxing, euphoric effect and also can produce sleep (hypnotics). Sleeping pills include **barbiturates** such as phenobarbital and secobarbital. Other drugs that produce a barbiturate-like effect are **benzodiazepines**, including temazepam (Restoril), clonazepam (Klonopin), alprazolam (Xanax), and diazepam (Valium). Intoxication is characterized by slurred speech and disorientation. Effects of overdose are shallow respiration, cold and clammy skin, dilated pupils, weak and rapid pulse, coma, and possibly death. Sudden cessation of these drugs can result in seizures.

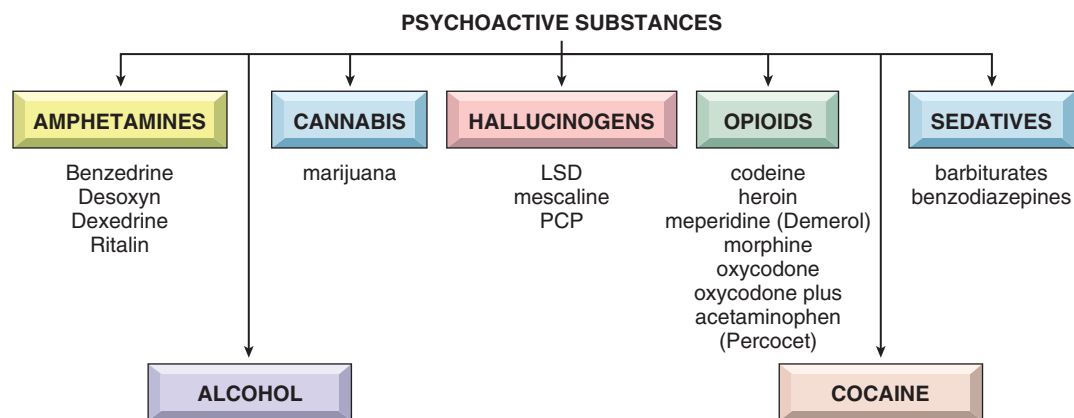


FIGURE 22-3 Psychoactive substances that if abused can lead to drug dependence.

Figure 22-3 reviews the types of psychoactive substances that lead to drug dependence and abuse.

Table 22-1 reviews psychiatric disorders and gives examples of each type.

TABLE 22-1 PSYCHIATRIC DISORDERS	
Category	Example(s)
Anxiety disorders	<ul style="list-style-type: none"> • Panic disorder • Phobic disorders • Obsessive-compulsive disorder • Post-traumatic stress disorder • Generalized anxiety disorder
Delirium	<ul style="list-style-type: none"> • Delirium tremens • Toxic delirium
Dementia	<ul style="list-style-type: none"> • Alzheimer disease • Multi-infarct dementia
Dissociative disorders	<ul style="list-style-type: none"> • Dissociative identity disorder, amnesia, fugue, multiple personality disorder
Eating disorders	<ul style="list-style-type: none"> • Anorexia nervosa • Bulimia nervosa
Mood disorders	<ul style="list-style-type: none"> • Bipolar I • Bipolar II • Cyclothymic disorder • Depressive disorders • Dysthymia • Seasonal affective disorder (SAD)
Personality disorders	<ul style="list-style-type: none"> • Antisocial, borderline, histrionic, narcissistic, paranoid, schizoid
Pervasive developmental disorders	<ul style="list-style-type: none"> • Autism, Asperger syndrome
Schizophrenia	<ul style="list-style-type: none"> • Positive and negative symptoms; paranoid, disorganized, catatonic, and residual types
Sexual and gender identity disorders	<ul style="list-style-type: none"> • Paraphilias • Sexual dysfunction • Gender identity disorder
Somatoform disorders	<ul style="list-style-type: none"> • Conversion disorder • Hypochondriasis • Pain disorder
Substance-related disorders	<ul style="list-style-type: none"> • Alcohol, amphetamines, cannabis, cocaine, hallucinogens, opioids, sedatives

THERAPEUTIC MODALITIES

Some major therapeutic techniques that are used to treat psychiatric disorders are **psychotherapy**, **electroconvulsive therapy**, and **drug therapy (psychopharmacology)**.

PSYCHOTHERAPY

Psychotherapy is the treatment of emotional problems and disorders using psychological techniques. The following are psychotherapeutic techniques used by psychiatrists, psychologists, and other mental health professionals.

Cognitive Behavioral Therapy (CBT). This is a relatively short-term, focused psychotherapy for a wide range of psychological problems, including depression, anxiety, anger, marital conflict, fears, and substance abuse. The focus is on how the person who is experiencing difficulty is thinking, behaving, and communicating today, rather than on early childhood experiences. Because CBT is based on the idea that thoughts cause feelings and behaviors (not people, situations, or events), if the person can change established ways of thinking, then he or she can feel better even if the situation does not change. CBT techniques often are used to lower anxiety.

Family Therapy. Treatment of an entire family can help the members resolve and understand their conflicts and problems.

Group Therapy. In a group with a mental health professional leader as a neutral moderator, patients with similar problems gain insight into their own personalities through discussions and interaction with each other. In **psychodrama**, patients express their feelings by acting out family and social roles along with other patient-actors on a stage. After a scene has been presented, the audience (composed of other patients) is asked to make comments and offer interpretations about what they have observed.

Hypnosis. A **trance** (state of altered consciousness) is created to help in recovery of deeply repressed memories. Hypnotic techniques are also used for anxiety reduction, creating a sense of psychological safety and for problem solving.

Insight-Oriented Psychotherapy. This type of psychotherapy uses face-to-face discussion of life problems and associated feelings. The aim is to increase understanding of underlying conflicts, themes, thoughts, and behavior patterns to improve mood (depressive feelings).

Play Therapy. In this form of therapy, the child uses play with toys to express conflicts and feelings that he or she is unable to communicate in a direct manner.

Psychoanalysis. This long-term and intense form of psychotherapy seeks to influence behavior and resolve internal conflicts by allowing patients to bring their unconscious emotions to the surface. Through techniques such as **free association** (the patient speaks his or her thoughts one after another without censorship), **transference** (the patient relates to the therapist as to a person who figured prominently in early childhood, such as a parent or sibling), and **dream interpretation**, the patient is able to bring unconscious emotional conflicts to awareness and thus can overcome these problems.

Sex Therapy. This form of therapy can help people overcome sexual dysfunctions such as **frigidity** (inhibited sexual response in women), **impotence** (inability of a man to achieve and/or maintain an erection), and **premature ejaculation** (release of semen before coitus can be achieved).

Supportive Psychotherapy. The therapist offers encouragement, support, and hope to patients facing difficult life transitions and events.

ELECTROCONVULSIVE THERAPY

In **electroconvulsive therapy (ECT)**, an electrical current is applied to the brain (usually to one hemisphere) while the patient is anesthetized, with assisted ventilation. Actual physical convulsions are imperceptible. This therapy is used chiefly for serious depression and the depressive phase of bipolar (manic-depressive) disorder. With the introduction of antidepressant drugs, there are fewer indications for electroconvulsive therapy, although it can be life-saving when a rapid response is needed.

DRUG THERAPY

The following are categories of drugs used to treat psychiatric disorders. Figure 22-4 reviews these groups and lists specific drugs in each category.

- **Antianxiety and antipanic agents.** These drugs lessen anxiety, tension, and agitation, especially when they are associated with panic attacks. Examples are **benzodiazepines (BZDs)**, which act as antianxiety agents, sedatives, or anticonvulsants (clonazepam). Benzodiazepines directly affect the brain to slow down the transmission of nerve impulses. Other antianxiety and antipanic agents are **selective serotonin reuptake inhibitors (SSRIs)**. These agents prevent the reuptake of serotonin (a neurotransmitter) into nerve endings, allowing it to linger in the space between it and the next nerve cell.
- **Antidepressants.** These drugs gradually reverse depressive symptoms and return the patient to a more even state, with less persistent and less severe depressive symptoms. The basis of depression is thought to be an imbalance in the levels of neurotransmitters in the brain. Several groups of drugs are used as antidepressants. These include:
 1. **SSRIs (selective serotonin reuptake inhibitors)** such as fluoxetine (Prozac). They improve mood, mental concentration, physical activity, and sleep patterns.
 2. **Monoamine oxidase (MAO) inhibitors.** These drugs suppress an enzyme, monoamine oxidase, that normally degrades neurotransmitters. MAO inhibitors are not as widely prescribed as other antidepressants because serious cardiovascular and liver complications can occur with their use.
 3. **Tricyclic antidepressants.** These drugs contain three fused rings (tricyclic) in their chemical structure. They block the reuptake of neurotransmitters at nerve endings. **Tetracyclic antidepressants** such as mirtazapine (Remeron) are also used to treat depression symptoms.
 4. **Atypical antidepressants.** These are antidepressants that do not fit in the previous categories. **Serotonin-norepinephrine reuptake inhibitors (SNRIs)** are antidepressant drugs that increase the levels of the two neurotransmitters serotonin and norepinephrine in the brain. Examples are venlafaxine (Effexor), desvenlafaxine (Pristiq), and duloxetine (Cymbalta).
- **Anti-obsessive-compulsive disorder (OCD) agents.** These drugs are prescribed to relieve the symptoms of OCD. Tricyclic antidepressants and SSRIs are examples of these agents.
- **Antipsychotics (neuroleptics).** These drugs modify psychotic symptoms and behavior. **Atypical antipsychotics** are the major examples. They are used to treat schizophrenia, bipolar disorder, and other mental illness. They reduce the anxiety, tension, agitation, and aggressiveness associated with psychoses and modify psychotic symptoms such as delusions and hallucinations. Other drugs, such as **phenothiazines** and haloperidol (Haldol), are still used as well. An important potential adverse effect of taking neuroleptic drugs is **tardive dyskinesia (TD)**; tardive means late and dyskinesias are abnormal movements. This is a potentially irreversible condition marked by involuntary movements. Early detection is important. The AIMS (abnormal involuntary movement scale) is used to monitor

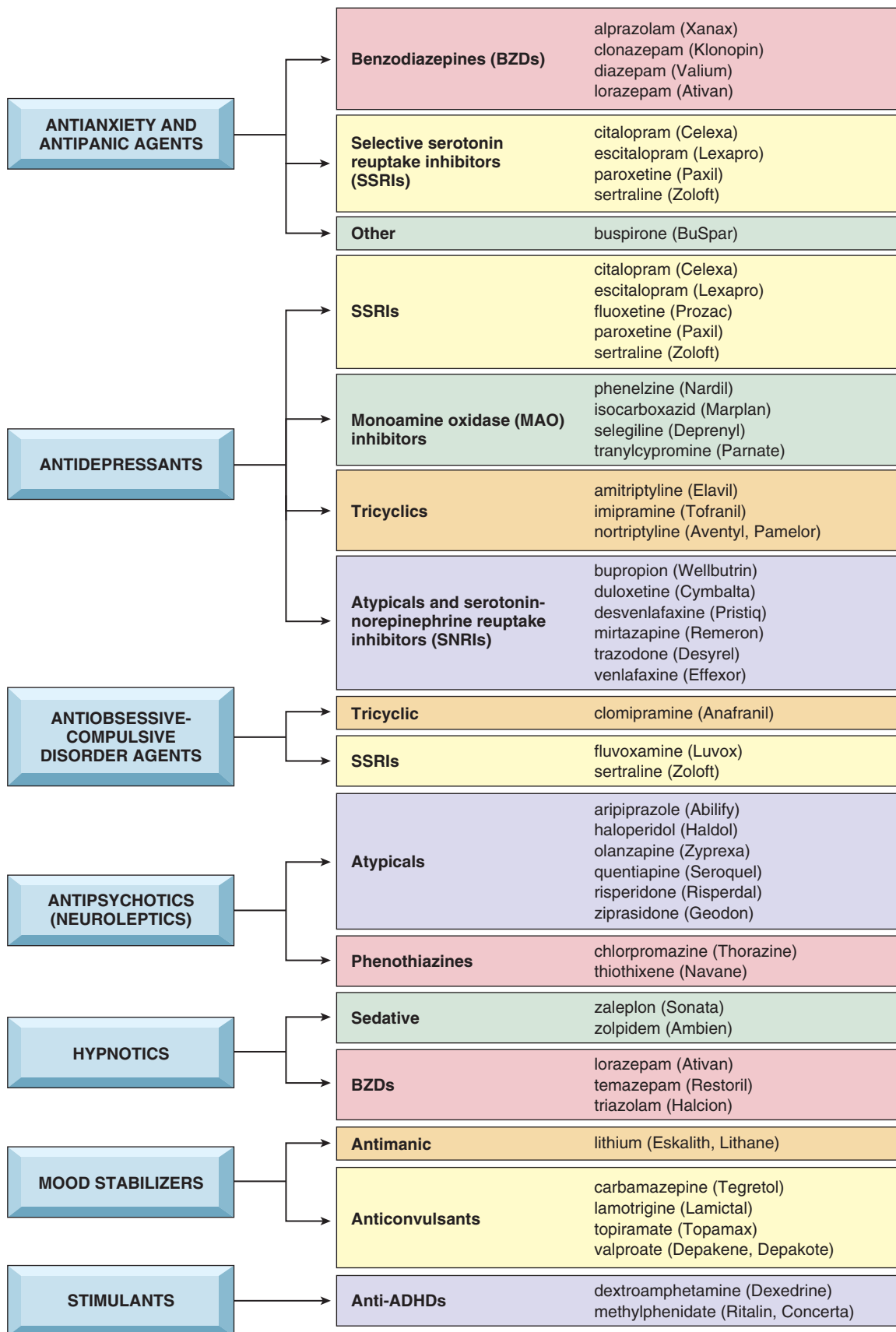


FIGURE 22-4 Psychiatric drug categories and specific drugs.

patients for signs of TD. Weight gain and increased risk for developing diabetes also are important side effects of atypical antipsychotics.

- **Hypnotics.** These drugs are used to produce sleep (hypn/o = sleep) and relieve insomnia. Examples are sedatives and benzodiazepines.
- **Mood stabilizers.** These drugs are used primarily to treat patients with the mania-predominant forms of bipolar disease. **Lithium** (Eskalith, Lithane) is commonly used to reduce the levels of manic symptoms, such as rapid speech, hyperactive movements, grandiose ideas, agitation and irritability, and decreased need for sleep. It also is used as an adjunct in the treatment of depression. Lithium is a simple salt that is thought to stabilize nerve membranes. **Anticonvulsant drugs** also are used as mood stabilizers.
- **Stimulants.** These drugs (**amphetamines**) are prescribed for **attention-deficit hyperactivity disorder (ADHD)** in children. Common manifestations of ADHD are a short attention span and easy distractibility, emotional instability, impulsivity, and moderate to severe hyperactivity.



VOCABULARY

This list reviews many of the new terms introduced in the text. Short definitions reinforce your understanding of the terms. Refer to the Pronunciation of Terms on page 956 for help with unfamiliar or difficult words.

GENERAL TERMINOLOGY, SYMPTOMS, AND DISORDERS

affect	External expression of emotion, or emotional response.
amnesia	Loss of memory.
anorexia nervosa	Eating disorder with excessive dieting and refusal to maintain a normal body weight.
anxiety disorders	Characterized by unpleasant tension, distress, and avoidance behavior; examples are panic disorder, phobias, obsessive-compulsive disorder, post-traumatic stress disorder, and generalized anxiety disorder.
apathy	Absence of emotions; lack of interest or emotional involvement.
autism	Pervasive developmental disorder characterized by inhibited social interaction and communication and by restricted, repetitive behavior.
bipolar disorder	Mood disorder with alternating periods of mania and depression.
bulimia nervosa	Eating disorder with binge eating followed by vomiting, purging, and depression.
cannabis	Plant substance from which marijuana is obtained.
compulsion	Uncontrollable urge to perform an act repeatedly.
conversion disorder	Condition marked by physical symptoms with no organic basis, appearing as a result of anxiety and unconscious inner conflict.
defense mechanism	Unconscious technique (coping mechanism) used to resolve or conceal conflicts and anxiety. It protects the individual against anxiety and stress; examples are acting out, denial, and repression.
delirium	Confused thinking, disorientation, changes in alertness, difficulty paying attention, and fearfulness. This is usually a reversible impairment in thinking. Delirium tremens is associated with alcohol withdrawal.

delusion	Fixed, false belief that cannot be changed by logical reasoning or evidence.
dementia	Loss of intellectual abilities with impairment of memory, judgment, and reasoning as well as changes in personality.
depression	Major mood disorder with chronic sadness, loss of energy, hopelessness, worry, and discouragement and, commonly, suicidal impulses and thoughts.
dissociative disorder	Chronic or sudden disturbance in memory, identity, or consciousness; examples are multiple personality disorder, psychogenic disorders, amnesia, and fugue.
ego	Central coordinating branch of the personality or mind.
fugue	Flight from customary surroundings; dissociative disorder.
gender identity disorder	Strong and persistent cross-gender identification with the opposite sex.
hallucination	False sensory perception (hearing voices and seeing things).
id	Major unconscious part of the personality; energy from instinctual drives and desires.
labile	Unstable; undergoing rapid emotional change.
mania	Extreme excitement, hyperactive elation, and agitation. Don't confuse with the suffix -mania (see page 940), meaning obsession.
mood disorders	Prolonged emotion dominates a person's life; examples are bipolar and depressive disorders.
mutism	Nonreactive state with inability to speak.
obsessive-compulsive disorder	Anxiety disorder in which recurrent thoughts and repetitive acts dominate behavior.
paranoia	Overly suspicious system of thinking with fixed delusions of being harassed, persecuted, or unfairly treated.
paraphilia	Recurrent intense sexual urge, fantasy, or behavior that involves unusual objects, activities, or situations.
personality disorders	Lifelong personality patterns marked by inflexibility and impairment of social functioning.
pervasive developmental disorders	Group of childhood disorders characterized by delays in socialization and communication skills; autism and Asperger syndrome are examples.
phobia	Irrational or disabling fear (avoidance) of an object or situation.
post-traumatic stress disorder	Anxiety-related symptoms appear after personal experience of a traumatic event.
projective (personality) test	Diagnostic personality test using stimuli (inkblots, pictures, abstract patterns, incomplete sentences) to evoke responses that reflect aspects of an individual's personality.
psychiatrist	Physician (MD) with medical training in the diagnosis, prevention, and treatment of mental disorders. Examples are a child psychiatrist (diagnosing and treating children) and a forensic psychiatrist (specializing in legal considerations such as criminal responsibility, guardianship, and competence to stand trial). Forensic comes from the Latin <i>forum</i> , meaning public place.

psychologist	Nonmedical professional (often a PhD or an EdD) specializing in mental processes and how the brain functions in health and disease. Areas of interest are clinical psychology (providing testing and counseling services to patients with mental and emotional disorders), experimental psychology (performing laboratory tests and experiments in a controlled environment to study mental processes), and social psychology (study of the effects of group membership on behavior and attitudes of individuals).
psychosis	A disorder marked by loss of contact with reality often associated with delusions and hallucinations.
reality testing	Psychological process that distinguishes fact from fantasy; severely impaired in psychosis.
repression	Defense mechanism by which unacceptable thoughts, feelings, and impulses are automatically pushed into the unconscious, out of awareness.
schizophrenia	Chronic psychotic disorder that may include hallucinations, disorganized speech and behavior, flat affect, and lack of initiative.
sexual disorders	Paraphilias and sexual dysfunctions.
somatoform disorder	Presence of physical symptoms that cannot be explained by an actual physical disorder or other well-described mental disorder such as depression.
substance-related disorder	Regular overuse of psychoactive substances (alcohol, amphetamines, cannabis, cocaine, hallucinogens, opioids, and sedatives) that affect the central nervous system.
superego	Internalized conscience and moral aspect of the personality.
THERAPY	
amphetamines	Central nervous system stimulants that may be used to treat attention deficit-hyperactivity disorder and depression.
atypical antipsychotics	Drugs that treat psychotic symptoms and behavior (schizophrenia, bipolar disease, and other mental illness).
benzodiazepines	Drugs that lessen anxiety, tension, agitation, and panic attacks.
cognitive behavioral therapy	Focuses on the connection between behavior and thoughts. Conditioning (changing behavior patterns by training and repetition) is used to relieve anxiety and improve symptoms of illness.
electroconvulsive therapy	Electric current is used to produce convulsions and loss of consciousness; effective in the treatment of major depression. Modern techniques use anesthesia, so the convulsion is not observable.
family therapy	Treatment of an entire family to resolve and shed light on conflicts.
free association	Psychoanalytic technique in which the patient verbalizes, without censorship, the passing contents of his or her mind.
group therapy	Group of patients with similar problems gain insight into their personalities through discussion and interaction with each other.
hypnosis	Induced trance (state of altered consciousness).

insight-oriented therapy	Face-to-face discussion of life problems and associated feelings. The patient tells his or her story and has the opportunity to connect emotional patterns in his or her life history with present concerns. Also called psychodynamic therapy.
lithium	Medication used to treat the manic stage of bipolar illness.
neuroleptic drug	Any drug that favorably modifies psychotic symptoms. Examples are phenothiazines such as chlorpromazine (Thorazine).
phenothiazines	Antipsychotic (neuroleptic) drugs.
play therapy	Treatment in which a child, through use of toys in a playroom setting, expresses conflicts and feelings that cannot be communicated in a direct manner.
psychoanalysis	Treatment that allows the patient to explore inner emotions and conflicts so as to understand and change current behavior.
psychodrama	Group therapy in which a patient expresses feelings by acting out family and social roles with other patients.
psychopharmacology	Treatment of psychiatric disorders with drugs.
sedatives	Drugs that lessen anxiety.
supportive psychotherapy	Offering encouragement, support, and hope to patients facing difficult life transitions and events.
transference	Psychoanalytic process in which the patient relates to the therapist as though the therapist were a prominent childhood figure.
tricyclic antidepressants	Drugs used to treat severe depression; three-ringed fused structure.



TERMINOLOGY

Write the meanings of the medical terms in the spaces provided.

COMBINING FORMS

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
anxi/o	uneasy, anxious, distressed	<u>anxiolytic</u> _____ <i>This type of drug relieves anxiety.</i>	
aut/o	self	<u>autism</u> _____	
hallucin/o	hallucination, to wander in the mind	<u>hallucinogen</u> _____ <i>A hallucination is a sensory perception in the absence of any external stimuli, and an illusion is an error in perception in which sensory stimuli are present but incorrectly interpreted.</i>	
hypn/o	sleep	<u>hypnosis</u> _____ <i>The Greek god of sleep (Hypnos) put people to sleep by touching them with his magic wand or by fanning them with his dark wings.</i>	

COMBINING FORM	MEANING	TERMINOLOGY	MEANING
iatr/o	treatment	psychiatrist _____ iatrogenic _____	
ment/o	mind	mental _____	
neur/o	nerve	neurotransmitter _____ <i>Examples of neurotransmitters are serotonin and norepinephrine.</i>	
phil/o	attraction to, love	paraphilia _____ <i>Para- means abnormal.</i>	
phren/o	mind	schizophrenia _____ <i>Schiz/o means split.</i>	
psych/o	mind	psychosis _____ <i>Loss of contact with reality associated with symptoms such as delusions, hallucinations, and bizarre behavior.</i> psychopharmacology _____ psychotherapy _____	
schiz/o	split	schizoid _____ <i>Used to describe a mild form of schizophrenia or a withdrawn, introverted personality.</i>	
somat/o	body	psychosomatic _____ somatoform disorder _____ <i>The suffix -form means resembling. Symptoms of these disorders resemble those of actual physical disease, but the origins are in the mind (psychogenic).</i>	

SUFFIXES

SUFFIX	MEANING	TERMINOLOGY	MEANING
-genic	produced by	psychogenic _____	
-leptic	to seize hold of	neuroleptic drug _____	
-mania	obsessive preoccupation	kleptomania _____ <i>Klept/o means to steal.</i> pyromania _____ <i>Pyr/o means fire, heat.</i>	
-phobia	fear (irrational and often disabling)	agoraphobia _____ <i>Agora- means marketplace. Agoraphobics fear leaving home or a safe place.</i> xenophobia _____ <i>Xen/o means stranger. Table 22-2 lists other phobias.</i>	

TABLE 22-2 PHOBIAS

Source of Fear/ Anxiety	Medical Term	Source of Fear/ Anxiety	Medical Term
air	aerophobia	heights	acrophobia
animals	zoophobia	insects	entomophobia
bees	apiphobia, melissophobia	light	photophobia
blood or bleeding	hematophobia, hemophobia	marriage	gamophobia
books	bibliophobia	men	androphobia
cats	ailurophobia	needles	belonephobia
corpses	necrophobia	pain	algophobia
crossing a bridge	gephyrophobia	sexual intercourse	coitophobia, cypridophobia
darkness	nyctophobia, scotophobia	sleep	hypnophobia
death	thanatophobia	snakes	ophidiophobia
dogs	cynophobia	spiders	arachnophobia
drugs	pharmacophobia	traveling	hodophobia
eating	phagophobia	vomiting	emetophobia
enclosed places	claustrophobia	women	gynephobia, gynophobia
hair	trichophobia, trichopathophobia	worms	helminthophobia
		writing	graphophobia

SUFFIX	MEANING	TERMINOLOGY	MEANING
-phoria	feeling, bearing	euphoria _____ <i>The prefix eu- means good.</i>	
		dysphoria _____ <i>The prefix dys- means bad or unpleasant.</i>	
-thymia	mind	cyclothymia _____ <i>cycl/o means circle or recurring. Alternating periods of hypomania and depression; lesser intensity than in bipolar disorder.</i>	
		dysthymia _____ <i>Depressed mood that is not as severe as in major depression.</i>	
		euthymic _____ <i>Feeling well.</i>	

PREFIXES

PREFIX	MEANING	TERMINOLOGY	MEANING
a-, an-	no, not	anorexia nervosa _____ <i>-orexia means appetite.</i>	
cata-	down	catatonia _____ <i>Ton/o means tension. A state of psychologically induced immobility with muscular rigidity.</i>	

PREFIX	MEANING	TERMINOLOGY	MEANING
hypo-	deficient, less than, below	<u>hypomania</u> _____ <u>hypochondriasis</u> _____ <i>Chondr/o means cartilage. The Greeks believed that the liver and spleen (under the cartilage of the ribs) were the seat of melancholy or sadness.</i>	
para-	abnormal	<u>paranoia</u> _____ <i>The no- in this term comes from the Greek word nous, meaning mind.</i>	



ABBREVIATIONS

AD	Alzheimer disease—a form of dementia	MAOI	monoamine oxidase inhibitor; an example is phenelzine (Nardil)
ADHD	attention-deficit hyperactivity disorder	MDD	major depressive disorder
ADLs	activities of daily living	MMPI	Minnesota Multiphasic Personality Inventory
AIMS	abnormal involuntary movement scale—used to monitor signs of tardive dyskinesia	MR	mental retardation
ASD	autism spectrum disorder	OCD	obsessive-compulsive disorder
BZD	benzodiazepine	PDD	pervasive developmental disorder—includes autism and Asperger syndrome
CA	chronological age	PTSD	post-traumatic stress disorder
CBT	cognitive behavioral therapy	Rx	therapy
CNS	central nervous system	SAD	seasonal affective disorder
DSM-IV-TR	<i>Diagnostic and Statistical Manual of Mental Disorders, Fourth edition, Text Revision</i>	SNRI	serotonin-norepinephrine reuptake inhibitor; an example is duloxetine (Cymbalta)
DT	delirium tremens	SSRI	selective serotonin reuptake inhibitor; an example is fluoxetine (Prozac)
ECT	electroconvulsive therapy	TAT	Thematic Apperception Test
GAD	generalized anxiety disorder	TCA	tricyclic antidepressants
IQ	intelligence quotient An IQ test is a standardized test to determine mental age of an individual. The average person is considered to have an IQ of between 90 and 110. Those who score below 70 are considered mentally retarded.	TD	tardive dyskinesia
LSD	lysergic acid diethylamide—a hallucinogen	THC	delta-9-tetrahydrocannabinol—active ingredient in marijuana
MA	mental age—as determined by psychological tests	WAIS	Wechsler Adult Intelligence Scale
		WISC	Wechsler Intelligence Scale for Children
		Ψ	symbol for psych-
		ΨRx	psychotherapy



IN PERSON: LIVING WITH AUTISM

The following feature was written by the mother of a young boy diagnosed with autism.

“What you do from now on will determine whether your son will be able to live on his own as an adult or whether he will have to live in a facility.”

I was told this by a physician when my son, Jeff, was diagnosed with autism.

It began early on. For the first year of his life Jeff had difficulty tolerating many situations and often cried. Loud noises such as barking dogs, motorcycles, and the trash truck sent him into a crying frenzy. If he was in a quiet room, in a swing or being held he was comfortable. Most other situations he could only tolerate for 60-90 minutes after which he would cry for 20-30 minutes as if relieving stress. As Jeff aged his tolerance slowly increased but even at four years old overstimulation caused him to cry daily.

Jeff experienced numerous other challenges as well. His ability to play was impaired. If a toy did not light up or play music he was not interested in it. The exception was Matchbox cars, which he did enjoy. However, he did not play with them appropriately. He merely lined them up. Jeff never engaged in imaginative play nor could he carry on a back-and-forth conversation. His speech was rote and he had extreme difficulty communicating and relating to peers.

After visiting several doctors in search of a diagnosis, we were told Jeff was autistic. We also learned that his discomfort and crying were a result of sensory integration challenges that children on the autism spectrum experience. Sensory integration is the process of organizing useful perceptions, emotions and thoughts. When sensory integration is whole and balanced, body movements are highly adaptive and good behavior is a natural outcome. This was not the case with Jeff.

It was difficult to accept the diagnosis, but we had to move on. The next step was finding proper treatment for Jeff. After much consideration we decided on DIR/Floortime Therapy (“Floortime”), supplemented with Occupational Therapy (“OT”) to address Jeff’s sensory integration needs.

Floortime is a play-based treatment, focusing on helping children master the building blocks of relating, communicating and thinking. Guided interactions between the child and parent, sibling, grandparent or caregiver, move the child through six Floortime developmental stages which are:

- 1 Self-Regulation and Shared Attention
- 2 Engagement and Relating
- 3 Two-way Intentional Communication
- 4 Purposeful Complex Problem Solving Communication
- 5 Creating Ideas
- 6 Logical Reasoning, Thinking Logically

I was taught Floortime by a professional and spent nights watching instructional videos and reading Floortime books. I worked with Jeff each day, including Saturday and Sunday. We did Floortime constantly even during meals, riding in the car and during bath time. I was working for my son’s future. The more therapy he received, the better his chances of “recovery.” No opportunity was missed.

Each week, over the course of several years, our program leader would assess Jeff’s development and determine when he had mastered a skill and when further interventions were needed.

Over several years, Floortime was resolving Jeff’s developmental issues, and OT was helping his sensory integration issues, but another problem was becoming more extreme. By first grade, Jeff had developed anxiety that was so irrational and overwhelming that it impaired his school, social and family life. He was very fearful and always thinking about the worst things that could happen. Conversations often would “spin out of control” as Jeff worried irrationally about things that might happen to him. During these times, I would attempt to distract him only to have the anxiety recur.

As time went on Jeff was not only verbalizing his anxiety, but manifested other unconscious behaviors such as eye and verbal tics, chewing on his shirt, and pulling on his hair.

Our team of doctors did not have a specific answer for Jeff’s anxiety. We tried numerous treatments including psychotherapy, de-sensitization therapy, applied behavioral therapy, occupational body regulating therapy, and cognitive behavioral therapy. None had much effect on reducing anxiety.

Finally, one of our doctors suggested a study at a nearby university which was funded by the National Institute of Mental Health. The program was specifically designed for children on the autism spectrum suffering from very high anxiety. It was a treatment protocol based on a collaborative, family-based intervention approach using targeted cognitive behavioral therapy techniques. It took into consideration Jeff's spectrum-based deficits and taught him how his anxiety could be managed by using a coping plan and actively facing his fears. The program lasted nearly a year. But we used it regularly for months after it ended. It made a noticeable positive impact on Jeff's anxiety.

By his fourth grade year Jeff's physical size of 5'0" and 80 pounds allowed our child psychiatrist to prescribe anxiety medication. This made a noticeable positive impact on his anxiety.

Today Jeff is in a mainstream fifth grade classroom at a public elementary school. He is able to relate to others with real warmth. He has many friends, a great imagination and a mischievous sense of humor. His anxiety has decreased to the point that it does not drastically interfere with his life. It continues to lessen each month.

Through it all, my family and I have learned that with the proper therapies and treatments, we can define an autistic child's potential not by assumed limitations, but by their own growth.



PRACTICAL APPLICATIONS

CASE REPORTS

CASE REPORT 1: MAJOR DEPRESSION

Mrs. Carr, a 58-year-old widow, was brought to an emergency department by her daughter, who found her at home in bed in the middle of the day. For a period of months, Mrs. Carr had become increasingly withdrawn and dysphoric, without any precipitating events. She had become progressively less active and even required encouragement to eat and perform her daily tasks. Her daughter and son-in-law became alarmed but did not know what to do. Mrs. Carr's medical history was unremarkable, but her psychiatric history revealed an episode of postpartum depression following the birth of one of her children.

On examination, the ER physician noted that Mrs. Carr was withdrawn and negativistic, refusing to cooperate with the examination, and even refusing to open her mouth. There were signs of acute dehydration and decline in personal hygiene and grooming.

Further questioning of her daughter revealed that Mrs. Carr had become increasingly paranoid and had delusions of sinfulness and guilt. Recently, she had shown signs of increasing mutism.

The physician recognized signs of major depression and arranged for immediate hospitalization. Mrs. Carr responded favorably to combined use of an antipsychotic and an antidepressant drug. An alternative treatment would have been a course of electroconvulsive therapy, which also produces favorable results.

CASE REPORT 2: SOMATOFORM DISORDER

A 35-year-old man presented with a 6-year history of abdominal pain that he was convinced was cancer. For most of his life, the patient had been dominated by a tyrannical father who never gave him the love he craved. When the patient was 29, his father died of carcinoma of the colon, and soon afterward, the patient developed abdominal pain. His complaints gradually increased as his identification with his father, as well as his unconscious hostility toward him, increased. The patient came to the clinic almost daily with complaints of bloody stools (the feces were found to be free of blood) and the belief that he had cancer. He felt that none of the clinic doctors listened to him, just as his father had not.

Treatment included development of a long-standing, trusting, positive relationship with one of the clinic physicians, who allowed the patient time to talk about the illness. His hypochondriasis gradually subsided during a 12-month period of a supportive physician-patient relationship.

CASE REPORT 3: BIPOLAR DISORDER

A 30-year-old woman first presented with depression at age 26. Her depression was characterized by sadness lasting most of the day, crying spells, severe irritability, hypersomnia with some periods of insomnia, anergia (low energy), severe inappropriate guilt feelings, and absence of libido (sex drive). The patient described periods of high energy when her “mind ran away,” and her mood was irritable with a decreased need for sleep. Initially, she stated that these times would last 1 or 2 days at the most. Her family would avoid confrontations with her during those periods of energy and activity. The patient was initially diagnosed as suffering from dysthymic disorder with major depression. A bipolar illness was suspected based on her 1- or 2-day bursts of energy and activity. History from family members confirmed that she had experienced expanded mood states lasting up to a week that met the DSM-IV-TR criteria for hypomanic episodes. Her diagnosis was changed to bipolar II disorder. She was placed on a regimen of bupropion (Wellbutrin), and the dose was increased to 300 mg/day. Her mood improved in a general way with less irritability, more energy, and less sadness. She continued to have rather pronounced premenstrual worsening of her mood, however, that did not respond to an increase in the dose of bupropion. In the meantime, her physician added lithium to her medical regimen of fluoxetine (Prozac) with robust and stable augmentation. Lithium improved the quality of the patient’s response to the bupropion by eliminating the premenstrual worsening of mood and fully normalizing her sleep pattern. Lithium was then replaced with valproate (Depakote) and the dose titrated to 1000 mg/day. Her robust, stable antidepressant response returned without side effects beyond mild weight gain, for which regular exercise was prescribed.

CASE REPORT 4: SCHIZOPHRENIA

Mike is a 33-year-old divorced man with two children ages 8 and 10, he rarely ever sees. He has never been evaluated by a psychiatrist. His family physician has tried to get him to see a local psychiatrist, but Mike refuses to go. Mike says he knows someone has removed his brain and replaced it with someone else’s. He believes that this brain is controlling him and that he is not responsible for his actions. He works every day and has been on his current job for 15 years. He says he has lots of friends but sometimes he thinks it’s one of them who did this to him. He reports incidents in which he has been injected with something while shopping and speaks of a government conspiracy to kill him. He has a college education and has a degree in computer science. His family physician ordered an MRI study, which showed negative findings, and he also had an EEG. The EEG results came back normal.



EXERCISES

Remember to check your answers carefully with the Answers to Exercises, page 952.

A Give the terms for the following definitions.

1. physician specializing in treating mental illness _____
2. nonphysician professionals trained in the treatment of mental illness _____
3. therapist who practices psychoanalysis _____
4. branch of psychiatry dealing with legal matters _____
5. unconscious part of the personality _____
6. conscious, coordinating part of the personality _____
7. conscience or moral part of the personality _____
8. psychological process used to distinguish fact from fantasy testing _____
9. unconscious technique used to resolve or conceal conflicts and anxiety
_____ mechanism.
10. branch of psychology dealing with patient care _____

B Match each of the following psychiatric symptoms with its best meaning from the list below.

amnesia
anxiety
apathy
compulsion

conversion
delusion
dissociation
hallucination

mania
mutism
obsession

1. nonreactive state marked by inability to speak _____
2. state of excessive excitability; agitation _____
3. loss of memory _____
4. uncontrollable urge to perform an act repeatedly _____
5. persistent idea, emotion, or urge _____
6. feelings of apprehension, uneasiness, dread _____
7. uncomfortable feelings are separated from their real object and redirected toward a second object
or behavior pattern _____
8. anxiety becomes a bodily symptom that has no organic basis _____
9. absence of emotions; lack of motivation or emotional involvement _____
10. fixed false belief that cannot be changed by logical reasoning or evidence _____
11. false or unreal sensory perception _____

C Give the meanings of the following terms.

1. dysphoria _____
2. euphoria _____
3. amnesia _____
4. paranoia _____
5. psychosis _____
6. iatrogenic _____
7. phobia _____
8. agoraphobia _____
9. labile _____
10. affect _____

D Select from the following terms to complete the sentences below.

anxiety disorder
delirium
dementia
dissociative disorder

eating disorder
mood disorder
personality disorder

sexual disorder
somatoform disorder
substance-related disorder

1. Disturbance of memory and identity that hides the anxiety of unconscious conflicts is _____.
2. Troubled feelings, unpleasant tension, distress, and avoidance behavior describe a/an _____.
3. An illness related to regular use of drugs and alcohol is a/an _____.
4. Bulimia nervosa is an example of a/an _____.
5. A disorder involving paraphilias is a/an _____.
6. An illness marked by prolonged emotions (mania and depression) is a/an _____.
7. A mental disorder in which physical symptoms cannot be explained by an actual physical disorder is a/an _____.
8. A lifelong personality pattern that is inflexible and causes distress, conflict, and impairment of social functioning is a/an _____.
9. Loss of intellectual abilities with impairment of memory, judgment, and reasoning is _____.
10. Confusion in thinking with faulty perceptions and irrational behavior is _____.

E Give the meanings of the following terms.

1. obsessive-compulsive disorder _____
2. post-traumatic stress disorder _____
3. bipolar disorder _____
4. fugue _____
5. paranoia _____
6. amphetamines _____
7. cannabis _____
8. schizophrenia _____
9. sexual sadism _____
10. hypochondriasis _____

F Match the general psychiatric disorder in Column I with an association in Column II. Write the letter of the answer in the space provided.

COLUMN I

1. somatoform disorder _____
2. sexual disorder _____
3. anxiety disorder _____
4. mood disorder _____
5. substance-related disorder _____
6. schizophrenia _____
7. dissociative disorder _____
8. personality disorder _____
9. pervasive developmental disorder _____

COLUMN II

- A. conversion disorder
- B. cocaine abuse
- C. phobia
- D. positive and negative symptoms
- E. pedophilia
- F. autism
- G. bipolar I and II
- H. narcissism
- I. fugue

G Give the meanings of the following terms.

1. anorexia nervosa _____
2. bulimia nervosa _____
3. repression _____
4. dementia _____
5. hypomania _____
6. hallucinogen _____
7. opioids _____
8. cocaine _____
9. cyclothymic disorder _____
10. dysthymia _____

H Identify the personality disorder based on its description as given.

1. flamboyant, theatrical, emotionally immature _____
2. no loyalty or concern for others; does not tolerate frustration and blames others when he or she is at fault _____
3. fantasies of success and power and a grandiose sense of self-importance _____
4. pervasive, unwarranted suspiciousness and mistrust of people _____
5. emotionally cold, aloof, indifferent to praise or criticism or to the feelings of others _____
6. instability in personal relationships and sense of self; alternating overinvolvement with and rejection of people _____

I Identify the psychotherapeutic technique based on its description as given below.

1. Patients express feelings by acting out roles with other patients _____
2. A trance helps patients recover deeply repressed feelings _____
3. Long-term and intense exploration of unconscious feelings uses techniques such as transference and free association _____
4. Toys help a child express conflicts and feelings _____
5. Conditioning changes actual behavior patterns rather than focusing on subconscious thoughts and feelings _____
6. Techniques help patients overcome sexual dysfunctions _____
7. Electrical current is applied to the brain to reverse major depression _____
8. Agents (chemicals) relieve symptoms of psychiatric disorders _____
9. Face-to-face discussion of life's problems and associated feelings _____
10. offering encouragement, support, and hope to patients facing difficult life transitions and events _____

J Match the following terms with their meanings below.

agoraphobia
amphetamines
benzodiazepines
cyclothymia
dysthymia

kleptomania
lithium
MAO inhibitors
phenothiazines

pyromania
tricyclic and tetracyclic
antidepressants
xenophobia

1. Fear of strangers is _____.
2. Obsessive preoccupation with stealing is _____.
3. Antidepressant agents that work by blocking the action of a specific enzyme are _____.
4. Mood disorder marked by depressive periods milder than major depression is _____.
5. Antipsychotic (neuroleptic) tranquilizers such as Thorazine are _____.
6. Fear of being left alone in unfamiliar surroundings is _____.
7. Stimulants used as therapy for mood disorders or for treatment of children with attention-deficit hyperactivity disorder are _____.
8. Mild form of bipolar disorder in which hypomanic episodes alternate with depression is _____.
9. Obsessive preoccupation with fire is _____.
10. Drugs (containing three fused rings) used to elevate mood and increase physical activity and mental alertness are _____.
11. Anxiolytic agents that lessen the anxiety associated with panic attacks are _____.
12. Drug that treats the manic episodes of bipolar disorder is _____.

K Give the meanings of the following word parts.

- | | |
|------------------|-------------------|
| 1. phren/o _____ | 8. -phobia _____ |
| 2. hypn/o _____ | 9. -thymia _____ |
| 3. somat/o _____ | 10. -tropic _____ |
| 4. phil/o _____ | 11. -genic _____ |
| 5. iatr/o _____ | 12. para- _____ |
| 6. schiz/o _____ | 13. hypo- _____ |
| 7. -mania _____ | 14. cata- _____ |

L Match the following psychiatric drugs with their type and the conditions they treat (consult Figure 22-4 on page 935).

alprazolam (Xanax)	lamotrigine (Lamictal)	thiothixene (Navane)
amitriptyline (Elavil)	methylphenidate (Ritalin,	zolpidem (Ambien)
aripiprazole (Abilify)	Concerta)	
escitalopram (Lexapro)		

1. SSRI; treats anxiety and depression _____
2. atypical antipsychotic; treats schizophrenia and bipolar disorder _____
3. stimulant; treats attention-deficit hyperactivity disorder _____
4. tricyclic antidepressant; treats depression _____
5. benzodiazepine; treats anxiety and panic attacks _____
6. sedative; treats insomnia _____
7. anticonvulsant; treats mood disorders (such as bipolar illness) _____
8. phenothiazine; treats schizophrenia _____

M Circle the term that best completes the meaning of the sentence.

1. Robin fluctuated between bouts of depression and mania and finally was diagnosed as having a (**xenophobic, histrionic, bipolar**) disorder.
2. Although the root of Jon's problems could hardly be addressed simply with medication, his personality disorder and his depression were treated with a selective serotonin reuptake inhibitor (SSRI) called (**lithium, Prozac, Valium**).
3. Hillary had an enormous fear of open-air markets, shopping malls, and stadiums. She was diagnosed as having (**agoraphobia, xenophobia, pyromania**).
4. When Sam was admitted to the hospital after his automobile accident, his physicians were told of his alcoholism. They needed to know Sam's history so that they could prevent (**dementia, dysthymia, delirium tremens**).
5. Hanna was afraid of everyone she met. She had the (**paranoid, narcissistic, schizoid**) delusion that everyone was out to get her.
6. Bill was told that an important potential side effect of taking neuroleptic drugs such as phenothiazines was (**amnesia, gender identity disorder, tardive dyskinesia**).
7. Ever since she was trapped in an elevator for 3 hours, Lil experienced a (**social phobia, panic attack, somatoform disorder**) marked by palpitations, sweating, and trembling when she was unable to get out of an enclosed space.
8. The few survivors of the nightclub fire were diagnosed with (**OCD, dissociative fugue, post-traumatic stress disorder**). They regularly experienced insomnia, nightmares, and feelings of helplessness.

9. Sarah couldn't stop herself from eating a gallon of ice cream and box of cookies every evening. She would then feel very anxious and guilty about overeating and induce vomiting. Her mother took her to a/an (**endocrinologist, psychiatrist, gastroenterologist**), who diagnosed her condition as (**anorexia nervosa, hypochondriasis, bulimia nervosa**) and prescribed (**sex therapy, ECT, psychotherapy**).
10. Bill felt depressed during the months of November through February. In March his (**OCD, ADHD, SAD**) changed and his mood was characterized by (**hypomania, dysphoria, paranoia**).

ANSWERS TO EXERCISES

A

- | | | |
|--|------------------------|--------------|
| 1. psychiatrist | 4. forensic psychiatry | 8. reality |
| 2. psychologist, psychiatric nurse,
licensed clinical social worker | 5. id | 9. defense |
| 3. psychoanalyst | 6. ego | 10. clinical |
| | 7. superego | |

B

- | | | |
|---------------|-----------------|-------------------|
| 1. mutism | 5. obsession | 9. apathy |
| 2. mania | 6. anxiety | 10. delusion |
| 3. amnesia | 7. dissociation | 11. hallucination |
| 4. compulsion | 8. conversion | |

C

- | | | |
|---|---|---|
| 1. sadness, hopelessness, unpleasant feeling | 5. loss of contact with reality; often delusions and hallucinations | 8. fear of leaving one's home or a safe place |
| 2. exaggerated feeling of well-being ("high") | 6. pertaining to a disorder caused by a treatment | 9. unstable; undergoing rapid emotional change; fluctuating |
| 3. loss of memory | 7. irrational fear (avoidance) of an object or a situation | 10. expression of emotion |
| 4. suspicious system of thinking; fixed delusion that one is being treated unfairly or harassed | | |

D

- | | | |
|-------------------------------|------------------------|-------------------------|
| 1. dissociative disorder | 5. sexual disorder | 8. personality disorder |
| 2. anxiety disorder | 6. mood disorder | 9. dementia |
| 3. substance-related disorder | 7. somatoform disorder | 10. delirium |
| 4. eating disorder | | |

E

- | | | |
|---|---|--|
| 1. recurrent thoughts and repetitive acts that dominate a person's behavior | 5. delusions of persecution or grandeur | 9. achievement of sexual gratification by inflicting physical or psychological pain |
| 2. anxiety-related symptoms appear after exposure to personal experience of a traumatic event | 6. CNS stimulants | 10. preoccupation with bodily aches, pains, and discomforts (in the absence of real illness) |
| 3. alternating periods of mania and depression | 7. marijuana, hashish; active substance in marijuana; THC | |
| 4. amnesia with flight from customary surroundings | 8. psychosis marked by a split from reality; disorganized thinking and behavior | |

F

- | | | |
|------|------|------|
| 1. A | 4. G | 7. I |
| 2. E | 5. B | 8. H |
| 3. C | 6. D | 9. F |

G

- | | | |
|---|---|---|
| 1. eating disorder marked by excessive dieting because of emotional factors | 4. loss of higher mental functioning, memory, judgment, and reasoning | 8. stimulant drug that causes euphoria and hallucinations |
| 2. eating disorder characterized by binge eating followed by vomiting, purging, and depression | 5. mood disorder resembling mania (exaggerated excitement, hyperactivity) but of lesser intensity | 9. alternating periods of hypomania and depressive episodes of lesser intensity than with bipolar illness |
| 3. a defense mechanism by which unacceptable thoughts, feelings, and impulses are pushed into the unconscious | 6. drug that produces hallucinations (false sensory perceptions) | 10. depressed mood persisting over a 2-year period but not as severe as a major depression |
| | 7. drugs that are derived from opium (morphine and heroin) | |

H

- | | | |
|---------------|-----------------|---------------|
| 1. histrionic | 3. narcissistic | 5. schizoid |
| 2. antisocial | 4. paranoid | 6. borderline |

I

- | | | |
|-------------------|------------------------------|--|
| 1. psychodrama | 5. behavioral therapy | 8. psychopharmacology, or drug therapy |
| 2. hypnosis | 6. sexual therapy | 9. insight-oriented psychotherapy |
| 3. psychoanalysis | 7. electroconvulsive therapy | 10. supportive psychotherapy |
| 4. play therapy | | |

J

- | | | |
|-------------------|-----------------|---|
| 1. xenophobia | 6. agoraphobia | 10. tricyclic and tetracyclic antidepressants |
| 2. kleptomania | 7. amphetamines | 11. benzodiazepines |
| 3. MAO inhibitors | 8. cyclothymia | 12. lithium |
| 4. dysthymia | 9. pyromania | |
| 5. phenothiazines | | |

K

- | | | |
|------------------------|----------------------------|---------------------------------|
| 1. mind | 6. split | 11. produced by |
| 2. sleep | 7. obsessive preoccupation | 12. abnormal |
| 3. body | 8. fear | 13. deficient, less than, below |
| 4. love, attraction to | 9. mind; mood | 14. down |
| 5. treatment | 10. to influence, turn | |

L

- | | | |
|--|---------------------------|---------------------------|
| 1. escitalopram (Lexapro) | 4. amitriptyline (Elavil) | 7. lamotrigine (Lamictal) |
| 2. aripiprazole (Abilify) | 5. alprazolam (Xanax) | 8. thiothixene (Navane) |
| 3. methylphenidate (Ritalin, Concerta) | 6. zolpidem (Ambien) | |

M

- | | | |
|---------------------|-----------------------------------|---|
| 1. bipolar | 5. paranoid | 9. psychiatrist; bulimia nervosa; psychotherapy |
| 2. Prozac | 6. tardive dyskinesia | 10. SAD; hypomania |
| 3. agoraphobia | 7. panic attack | |
| 4. delirium tremens | 8. post-traumatic stress disorder | |



PRONUNCIATION OF TERMS

To test your understanding of the terminology in this chapter, write the meaning of each term in the space provided. In addition, you may wish to cover the terms and write them by looking at your definitions. Make sure your spelling is correct. The page number after each term indicates where it is defined or used in the book, so you can easily check your responses. You will find complete definitions for all of these terms and their audio pronunciations on the Evolve website.

Pronunciation Guide

ā as in āpe	ă as in ăpple
ē as in ēven	ě as in ěvery
ī as in īce	ĩ as in ĩnterest
ō as in ōpen	ő as in pőt
ū as in ūnit	ű as in űnder

TERM	PRONUNCIATION	MEANING
affect (936)	ĂF-fĕkt	_____
agoraphobia (940)	ăg-ŏ-ră-FŌ-bĕ-ă	_____
amnesia (936)	ăm-NĒ-zĕ-ă	_____
amphetamines (938)	ăm-FĚT-ă-mĕnz	_____
anorexia nervosa (936)	ăn-ŏ-RĚK-sĕ-ă nĕr-VŌ-să	_____
antisocial personality (928)	ăn-tĕ-SŌ-shăl pĕr-sŏ-NĂL-ĩ-tĕ	_____
anxiety disorders (936)	ăng-ZĪ-ĕ-tĕ đis-ŎR-dĕrz	_____
anxiolytic (939)	ăng-zī-ŏ-LĪT-ik	_____
apathy (936)	ĂP-ă-thĕ	_____
Asperger syndrome (928)	ĂS-pĕr-gĕr SĪN-drŏm	_____
atypical antipsychotics (938)	ă-TĪP-ĩ-kăl ăn-tĩ-sĩ-KŎT-ĩks	_____
autism (936)	AW-tĭzm	_____
benzodiazepines (938)	bĕn-zŏ-dī-ĂZ-ĕ-pĕnz	_____
bipolar disorder (936)	bī-PŌ-lăr đis-ŎR-dĕr	_____
borderline personality (928)	BŎR-dĕr-lĭn pĕr-sŏ-NĂL-ĩ-tĕ	_____
bulimia nervosa (936)	bū-LĒ-mĕ-ă nĕr-VŌ-să	_____
cannabis (936)	KĂ-nă-bis	_____
catatonia (941)	kăt-ă-TŌN-ĕ-ă	_____
claustrophobia (925)	kławs-trŏ-FŌ-bĕ-ă	_____
cognitive behavioral therapy (938)	KŎG-nĩ-tĭv bĕ-HĂV-yŏr-ăl THĚR-ă-pĕ	_____
compulsion (923)	kŏm-PŪL-shŭn	_____
conversion disorder (936)	kŏn-VĚR-zhŭn đis-ŎR-dĕr	_____

TERM	PRONUNCIATION	MEANING
cyclothymia (941)	sī-klō-THĪ-mē-ă	
defense mechanism (936)	dē-FĚNS mē-kān-NĪZM	
delirium (936)	dě-LĪR-ē-ŭm	
delirium tremens (926)	dě-LĪR-ē-ŭm TRĚ-měnz	
delusion (937)	dě-LŌO-zhŭn	
dementia (937)	dē-MĚN-shē-ă	
depression (927)	dē-PRĚ-shŭn	
dissociative disorder (937)	dīs-SŌ-shē-ă-tĭv dīs-ŎR-der	
dysphoria (941)	dīs-FŎR-ē-ă	
dysthymia (941)	dīs-THĪ-mē-ă	
ego (937)	Ē-gō	
electroconvulsive therapy (938)	ē-lĕk-trō-kōn-VŮL-sĭv THĚR-ă-pē	
euphoria (941)	û-FŎR-ē-ă	
euthymic (941)	û-THĪ-mĭk	
exhibitionism (929)	ĕk-sĭ-BĪSH-ŭ-nĭzm	
family therapy (938)	FĀM-ĭ-lē THĚR-ă-pē	
fetishism (929)	FĚT-ish-ĭzm	
free association (938)	frē ā-sō-shē-Ā-shŭn	
fugue (937)	fŭg	
gender identity disorder (937)	GĚN-dēr ĭ-DĚN-tĭ-tē dīs-ŎR-dēr	
group therapy (938)	groop THĚR-ă-pē	
hallucination (937)	hă-lōo-sĭ-NĀ-shŭn	
hallucinogen (939)	hă-LŌO-sĭ-nō-jĕn	
histrionic personality (928)	hĭs-trē-ŎN-ĭk pĕr-sōn-ĀL-ĭ-tē	
hypnosis (938)	hĭp-NŌ-sĭs	
hypochondriasis (942)	hĭ-pō-kōn-DRĪ-ă-sĭs	
hypomania (942)	hĭ-pō-MĀ-nē-ă	
iatrogenic (940)	ĭ-ă-trō-JĚN-ĭk	
id (937)	ĭd	

TERM	PRONUNCIATION	MEANING
insight-oriented therapy (939)	ĪN-sīt ŐR-ē-ēn-tēd THĚR-ă-pē	
kleptomania (940)	klēp-tō-MĀ-nē-ă	
labile (937)	LĀ-bīl	
lithium (939)	LĪTH-ē-ūm	
mania (937)	MĀ-nē-ă	
mental (940)	MĚN-tāl	
mood disorders (937)	mood dīs-ŐR-dēr	
mutism (937)	MŪ-tīzm	
narcissistic personality (928)	nār-sī-SĪS-tīk pēr-sō-NĀL-ī-tē	
neuroleptic drug (940)	nōō-rō-LĚP-tīk drŭg	
neurotransmitter (940)	nōō-rō-TRĀNZ-mīt-ēr	
obsession (924)	ōb-SĚSH-ūn	
obsessive-compulsive disorder (937)	ōb-SĚS-iv cōm-PŪL-siv dīs-ŐR-dēr	
opioids (931)	Ō-pē-ōydz	
paranoia (937)	pār-ă-NŌY-ă	
paranoid personality (928)	PĀR-ă-nōyd pēr-sō-NĀL-ī-tē	
paraphilia (937)	pār-ă-FĪL-ē-ă	
pedophilia (929)	pē-dō-FĪL-ē-ă	
personality disorders (937)	pēr-sō-NĀL-ī-tē dīs-ŐR-dēr	
pervasive developmental disorders (937)	pēr-VĀS-iv dē-VĚL-ōp-mēnt-ăl dīs-ŐR-dēr	
phenothiazines (939)	fē-nō-THĪ-ă-zēnz	
phobia (937)	FŌ-bē-ă	
play therapy (939)	plā THĚR-ă-pē	
post-traumatic stress disorder (937)	pōst-traw-MĀT-īk strēs dīs-ŐR-dēr	
projective test (937)	prō-JĚK-tīv tēst	
psychiatrist (937)	sī-KĪ-ă-trīst	
psychiatry (922)	sī-KĪ-ă-trē	
psychoanalysis (939)	sī-kō-ă-NĀL-ī-sīs	
psychodrama (939)	sī-kō-DRĀ-mă	

TERM	PRONUNCIATION	MEANING
psychogenic (940)	sī-kō-JĚN-ĭk	_____
psychologist (938)	sī-KÖL-ō-jĭst	_____
psychopharmacology (940)	sī-kō-fār-mă-KÖL-ō-jē	_____
psychosis (940)	sī-KÖ-sĭs	_____
psychosomatic (940)	sī-kō-sō-MĀT-ĭk	_____
psychotherapy (940)	sī-kō-THĚR-ă-pē	_____
pyromania (940)	pī-rō-MĀ-nē-ă	_____
reality testing (938)	rē-ĀL-ĭ-tē TĚS-tĭng	_____
repression (938)	rē-PRĚ-shŭn	_____
schizoid personality (928)	SKĪZ-öyd <i>or</i> SKĪT-söyd pěr-sō-NĀL-ĭ-tē	_____
schizophrenia (938)	skĭz-ō-FRĚ-nē-ă	_____
sedatives (939)	SĚD-ă-tĭvz	_____
sexual disorders (938)	SĚX-ŭ-ăl dĭs-ÖR-dĕrz	_____
sexual masochism (929)	SĚX-ŭ-ăl MĀS-ō-kĭzm	_____
sexual sadism (929)	SĚX-ŭ-ăl SĀ-dĭzm	_____
somatoform disorders (938)	sō-MĀT-ō-förm dĭs-ÖR-dĕrz	_____
substance-related disorder (938)	SŮB-stăns rē-LĀ-tĕd dĭs-ÖR-dĕr	_____
superego (938)	sŭ-pěr-Ē-gō	_____
supportive psychotherapy (939)	sŭ-PÖR-tĭv sī-kō-THĚR-ă-pē	_____
tolerance (930)	TÖL-ĕr-ăns	_____
transference (939)	trăns-FŮR-ĕns	_____
transvestic fetishism (929)	trăns-VĚS-tĭk FĚT-ĭsh-ĭzm	_____
tricyclic antidepressants (939)	trĭ-SĪK-lĭk ăn-tĭ-dĕ-PRĚ-săntz	_____
voyeurism (929)	VÖY-yĕr-ĭzm	_____
xenophobia (940)	zĕn-ō-FÖ-bē-ă	_____



REVIEW SHEET

Write the meanings of the word parts in the spaces provided, and test yourself. Check your answers with the information in the chapter or in the Glossary (Medical Word Parts—English) at the end of the book.

Combining Forms

COMBINING FORM	MEANING	COMBINING FORM	MEANING
anxi/o	_____	phil/o	_____
aut/o	_____	phren/o	_____
cycl/o	_____	psych/o	_____
hallucin/o	_____	pyr/o	_____
hypn/o	_____	schiz/o	_____
iatr/o	_____	somat/o	_____
klept/o	_____	ton/o	_____
ment/o	_____	xen/o	_____
neur/o	_____		

Suffixes

SUFFIX	MEANING	SUFFIX	MEANING
-form	_____	-pathy	_____
-genic	_____	-phobia	_____
-kinesia	_____	-phoria	_____
-leptic	_____	-somnia	_____
-mania	_____	-thymia	_____
-oid	_____	-tropic	_____

Prefixes

PREFIX	MEANING	PREFIX	MEANING
a-, an-	_____	eu-	_____
agora-	_____	hypo-	_____
cata-	_____	para-	_____
dys-	_____		

GLOSSARY

MEDICAL WORD PARTS—ENGLISH*

Combining Form, Suffix, or Prefix	Meaning	Combining Form, Suffix, or Prefix	Meaning
a-, an-	no; not; without	ambly/o	dim; dull
ab-	away from	-amine	nitrogen compound
abdomin/o	abdomen	amni/o	amnion (sac surrounding the embryo)
-ac	pertaining to	amyl/o	starch
acanth/o	spiny; thorny	an/o	anus
acetabul/o	acetabulum (hip socket)	-an	pertaining to
acous/o	hearing	ana-	up; apart; backward; again, anew
acr/o	extremities; top; extreme point	andr/o	male
acromi/o	acromion (extension of shoulder bone)	aneurysm/o	aneurysm (widened blood vessel)
actin/o	light	angi/o	vessel (blood)
acu/o	sharp; severe; sudden	anis/o	unequal
-acusis	hearing	ankyl/o	stiff
ad-	toward	ante-	before; forward
-ad	toward	anter/o	front
aden/o	gland	anthrac/o	coal
adenoid/o	adenoids	anthr/o	antrum of the stomach
adip/o	fat	anti-	against
adren/o	adrenal gland	anxi/o	uneasy; anxious
adrenal/o	adrenal gland	aort/o	aorta (largest artery)
aer/o	air	-apheresis	removal
af-	toward	aphth/o	ulcer
agglutin/o	clumping; sticking together	apo-	off, away
-agon	assemble, gather	aponeur/o	aponeurosis (type of tendon)
agora-	marketplace	append/o	appendix
-agra	excessive pain	appendic/o	appendix
-al	pertaining to	aque/o	water
alb/o	white	-ar	pertaining to
albin/o	white	-arche	beginning
albumin/o	albumin (protein)	arter/o	artery
alges/o	sensitivity to pain	arteri/o	artery
-algesia	sensitivity to pain	arteriol/o	arteriole (small artery)
-algia	pain	arthr/o	joint
all/o	other	-arthria	articulate (speak distinctly)
alveol/o	alveolus; air sac; small sac	articul/o	joint

*Page references for all word parts are listed in the index.

Combining Form, Suffix, or Prefix	Meaning	Combining Form, Suffix, or Prefix	Meaning
-ary	pertaining to	caus/o	burn; burning
asbest/o	asbestos	cauter/o	heat; burn
-ase	enzyme	cec/o	cecum (first part of the colon)
-asthenia	lack of strength	-cele	hernia
atel/o	incomplete	celi/o	belly; abdomen
ather/o	plaque (fatty substance)	-centesis	surgical puncture to remove fluid
-ation	process; condition	cephal/o	head
atri/o	atrium (upper heart chamber)	cerebell/o	cerebellum (posterior part of the brain)
audi/o	hearing	cerebr/o	cerebrum (largest part of the brain)
audit/o	hearing	cerumin/o	cerumen
aur/o	ear	cervic/o	neck; cervix (neck of uterus)
auricul/o	ear	-chalasia	relaxation
aut/o	self, own	-chhalasis	relaxation
aut-, auto-	self, own	cheil/o	lip
axill/o	armpit	chem/o	drug; chemical
azot/o	urea; nitrogen	-chezia	defecation; elimination of wastes
bacill/o	bacilli (bacteria)	chir/o	hand
bacteri/o	bacteria	chlor/o	green
balan/o	glans penis	chlorhydr/o	hydrochloric acid
bar/o	pressure; weight	chol/e	bile; gall
bartholin/o	Bartholin glands	cholangi/o	bile vessel
bas/o	base; opposite of acid	cholecyst/o	gallbladder
bi-	two	choledoch/o	common bile duct
bi/o	life	cholesterol/o	cholesterol
bil/i	bile; gall	chondr/o	cartilage
bilirubin/o	bilirubin	chore/o	dance
-blast	embryonic; immature cell	chori/o	chorion (outermost membrane of the fetus)
-blastoma	immature tumor (cells)	chorion/o	chorion
blephar/o	eyelid	choroid/o	choroid layer of eye
bol/o	cast; throw	chrom/o	color
brachi/o	arm	chron/o	time
brachy-	short	chym/o	to pour
brady-	slow	cib/o	meal
bronch/o	bronchial tube	-cide	killing
bronchi/o	bronchial tube	-cidal	pertaining to killing
bronchiol/o	bronchiole	cine/o	movement
bucc/o	cheek	cirr/o	orange-yellow
bunion/o	bunion	cis/o	to cut
burs/o	bursa (sac of fluid near joints)	-clasis	to break
byssin/o	cotton dust	-clast	to break
cac/o	bad	claustr/o	enclosed space
calc/o	calcium	clavicul/o	clavicle (collar bone)
calcane/o	calcaneus (heel bone)	-clysis	irrigation; washing
calci/o	calcium	coagul/o	coagulation (clotting)
cali/o, calic/o	calyx (cup shaped)	-coccus (-cocci, pl.)	berry-shaped bacterium
capillar/o	capillary (tiniest blood vessel)	coccyg/o	coccyx (tailbone)
capn/o	carbon dioxide	cochle/o	cochlea (inner part of ear)
-capnia	carbon dioxide	col/o	colon
carcin/o	cancerous; cancer	coll/a	glue
cardi/o	heart	colon/o	colon (large intestine)
carp/o	wrist bones (carpals)		
cata-	down		
caud/o	tail; lower part of body		

Combining Form, Suffix, or Prefix	Meaning	Combining Form, Suffix, or Prefix	Meaning
colp/o	vagina	-dote	to give
comat/o	deep sleep	-drome	to run
comi/o	to care for	duct/o	to lead, carry
con-	together, with	duoden/o	duodenum
coni/o	dust	dur/o	dura mater
conjunctiv/o	conjunctiva (lines the eyelids)	-dynia	pain
-constriction	narrowing	dys-	bad; painful; difficult; abnormal
contra-	against; opposite	-eal	pertaining to
cor/o	pupil	ec-	out; outside
core/o	pupil	echo-	reflected sound
corne/o	cornea	-ectasia	dilation; dilatation; widening
coron/o	heart (crown or circle)	-ectasis	dilation; dilatation; widening
corpor/o	body	ecto-	out; outside
cortic/o	cortex, outer region	-ectomy	removal; excision; resection
cost/o	rib	-edema	swelling
crani/o	skull	-elasma	flat plate
cras/o	mixture; temperament	electr/o	electricity
crin/o	secrete	em-	in
-crine	secrete; separate	-ema	condition
-crit	separate	-emesis	vomiting
cry/o	cold	-emia	blood condition
crypt/o	hidden	-emic	pertaining to blood condition
culd/o	cul-de-sac	emmetr/o	in due measure
-cusis	hearing	en-	in; within
cutane/o	skin	encephal/o	brain
cyan/o	blue	end-	in; within
cycl/o	ciliary body of eye; cycle; circle	endo-	in; within
-cyesis	pregnancy	enter/o	intestines (usually small intestine)
cyst/o	urinary bladder; cyst; sac of fluid	eosin/o	red; rosy; dawn-colored
cyt/o	cell	epi-	above; upon; on
-cyte	cell	epididym/o	epididymis
-cytosis	condition of cells; slight increase in numbers	epiglott/o	epiglottis
dacry/o	tear	episi/o	vulva (external female genitalia)
dacryoaden/o	tear gland	epitheli/o	skin; epithelium
dacryocyst/o	tear sac; lacrimal sac	equin/o	horse
dactyl/o	fingers; toes	-er	one who
de-	lack of; down; less; removal of	erg/o	work
dem/o	people	erythem/o	flushed; redness
dent/i	tooth; teeth	erythr/o	red
derm/o	skin	-esis	action; condition; state of
-derma	skin	eso-	inward
dermat/o	skin	esophag/o	esophagus
desicc/o	drying	esthes/o	nervous sensation (feeling)
-desis	bind, tie together	esthesi/o	nervous sensation (feeling)
dia-	complete; through	-esthesia	nervous sensation (feeling)
diaphor/o	sweat	estr/o	female
-dilation	widening; stretching; expanding	ethm/o	sieve
dipl/o	double	eti/o	cause
dips/o	thirst	eu-	good; normal; true
dist/o	far; distant	-eurysm	widening
dors/o	back (of body)	ex-	out; away from
dorsi-	back	exanthemat/o	rash
		exo-	out; away from

Combining Form, Suffix, or Prefix	Meaning	Combining Form, Suffix, or Prefix	Meaning
extra-	outside	-gravida	pregnant woman
faci/o	face	gynec/o	woman; female
fasci/o	fascia (membrane supporting muscles)	hallucin/o	hallucination
femor/o	femur (thigh bone)	hem/o	blood
-ferent	to carry	hemat/o	blood
fibrin/o	fiber	hemi-	half
fibr/o, fibromat/o	fiber	hemoglobin/o	hemoglobin
fibros/o	fibrous connective tissue	hepat/o	liver
fibul/o	fibula	herni/o	hernia
-fication	process of making	-hexia	state of
-fida	split	hidr/o	sweat
flex/o	bend	hist/o, histi/o	tissue
fluor/o	luminous	home/o	sameness; unchanging; constant
follicul/o	follicle; small sac	hormon/o	hormone
-form	resembling; in the shape of	humer/o	humerus (upper arm bone)
fungi	fungus; mushroom (lower organism lacking chlorophyll)	hydr/o	water
furc/o	forking; branching	hyper-	above; excessive
-fusion	to pour; to come together	hypn/o	sleep
galact/o	milk	hypo-	deficient; below; under; less than normal
ganglion/o	ganglion; collection of nerve cell bodies	hypophys/o	pituitary gland
gastr/o	stomach	hyster/o	uterus; womb
-gen	substance that produces	-ia	condition
-genesis	producing; forming	-iac	pertaining to
-genic	produced by or in	-iasis	abnormal condition
ger/o	old age	iatr/o	physician; treatment
geront/o	old age	-ic	pertaining to
gest/o	pregnancy	-ical	pertaining to
gester/o	pregnancy	ichthy/o	dry; scaly
gingiv/o	gum	-icle	small
glauc/o	gray	idi/o	unknown; individual; distinct
gli/o	glial cells; neuroglial cells (supportive tissue of nervous system)	-ile	pertaining to
-globin	protein	ile/o	ileum
-globulin	protein	ili/o	ilium
glomerul/o	glomerulus	immun/o	immune; protection; safe
gloss/o	tongue	in-	in; into; not
gluc/o	glucose; sugar	-in, -ine	substance
glyc/o	glucose; sugar	-ine	pertaining to
glycogen/o	glycogen; animal starch	infra-	below; inferior to; beneath
glycos/o	glucose; sugar	inguin/o	groin
gnos/o	knowledge	insulin/o	insulin (pancreatic hormone)
gon/o	seed	inter-	between
gonad/o	sex glands	intra-	within; into
goni/o	angle	iod/o	iodine
-grade	to go	ion/o	ion; to wander
-gram	record	-ion	process
granul/o	granule(s)	-ior	pertaining to
-graph	instrument for recording	ipsi-	same
-graphy	process of recording	ir-	in
gravid/o	pregnancy	ir/o	iris (colored portion of eye)
		irid/o	iris (colored portion of eye)
		is/o	same; equal
		isch/o	hold back; back

Combining Form, Suffix, or Prefix	Meaning	Combining Form, Suffix, or Prefix	Meaning
ischi/o	ischium (part of hip bone)	lux/o	slide
-ism	process; condition	lymph/o	lymph
-ist	specialist	lymphaden/o	lymph gland (node)
-itis	inflammation	lymphangi/o	lymph vessel
-itus	condition	-lysis	breakdown; separation; destruction; loosening
-ium	structure; tissue	-lytic	reducing, destroying; separating; breakdown
jaund/o	yellow	macro-	large
jejun/o	jejunum	mal-	bad
kal/i	potassium	-malacia	softening
kary/o	nucleus	malleol/o	malleolus
kerat/o	cornea; hard, horny tissue	mamm/o	breast
kern-	nucleus (collection of nerve cells in the brain)	mandibul/o	mandible (lower jaw bone)
ket/o	ketones; acetones	-mania	obsessive preoccupation
keton/o	ketones; acetones	mast/o	breast
kines/o	movement	mastoid/o	mastoid process (behind the ear)
kinesi/o	movement	maxill/o	maxilla (upper jaw bone)
-kinesia	movement	meat/o	meatus (opening)
-kinesis	movement	medi/o	middle
klept/o	to steal	mediastin/o	mediastinum
kyph/o	humpback	medull/o	medulla (inner section); middle; soft, marrow
labi/o	lip	mega-	large
lacrim/o	tear; tear duct; lacrimal duct	-megaly	enlargement
lact/o	milk	melan/o	black
lamin/o	lamina (part of vertebral arch)	men/o	menses; menstruation
lapar/o	abdominal wall; abdomen	mening/o	meninges (membranes covering the spinal cord and brain)
-lapse	slide, fall, sag	meningi/o	meninges
laryng/o	larynx (voice box)	ment/o	mind; chin
later/o	side	meso-	middle
leiomy/o	smooth (visceral) muscle	meta-	change; beyond
-lemma	sheath, covering	metacarp/o	metacarpals (hand bones)
-lepsy	seizure	metatars/o	metatarsals (foot bones)
lept/o	thin, slender	-meter	measure
-leptic	pertaining to seizing, taking hold of	metr/o	uterus (womb); measure
leth/o	death	metri/o	uterus (womb)
leuk/o	white	mi/o	smaller; less
lex/o	word; phrase	micro-	small
-lexia	word; phrase	-mimetic	mimic; copy
ligament/o	ligament	-mission	send
lingu/o	tongue	mon/o	one; single
lip/o	fat (a type of lipid)	morph/o	shape; form
lipid/o	lipid	mort/o	death
-listhesis	slipping	-mortem	death
lith/o	stone; calculus	-motor	movement
-lithiasis	condition of stones	muc/o	mucus
-lithotomy	incision (for removal) of a stone	mucos/o	mucous membrane (mucosa)
lob/o	lobe	multi-	many
log/o	study	mut/a	genetic change
-logy	study (process of)	mutagen/o	causing genetic change
lord/o	curve; swayback	my/o	muscle
-lucent	to shine		
lumb/o	lower back; loin		
lute/o	yellow		

Combining Form, Suffix, or Prefix	Meaning	Combining Form, Suffix, or Prefix	Meaning
myc/o	fungus	-orexia	appetite
mydr/o	wide	orth/o	straight
myel/o	spinal cord; bone marrow	-ose	full of; pertaining to; sugar
myocardi/o	myocardium (heart muscle)	-osis	condition, usually abnormal
myom/o	muscle tumor	-osmia	smell
myos/o	muscle	ossicul/o	ossicle (small bone)
myring/o	tympanic membrane (eardrum)	oste/o	bone
myx/o	mucus	-ostosis	condition of bone
narc/o	numbness; stupor; sleep	ot/o	ear
nas/o	nose	-otia	ear condition
nat/i	birth	-ous	pertaining to
natr/o	sodium	ov/o	egg
necr/o	death	ovari/o	ovary
nect/o	bind, tie, connect	ovul/o	egg
neo-	new	ox/o	oxygen
nephr/o	kidney	-oxia	oxygen
neur/o	nerve	oxy-	rapid; sharp; acid
neutr/o	neither; neutral; neutrophil	oxysm/o	sudden
nid/o	nest	pachy-	heavy; thick
noct/o	night	palat/o	palate (roof of the mouth)
norm/o	rule; order	palpebr/o	eyelid
nos/o	disease	pan-	all
nucle/o	nucleus	pancreat/o	pancreas
nulli-	none	papill/o	nipple-like; optic disc (disk)
nyct/o	night	par-	other than; abnormal
obstetr/o	pregnancy; childbirth	para-	near; beside; abnormal; apart from; along the side of
ocul/o	eye	-para	to bear, bring forth (live births)
odont/o	tooth	-parous	to bear, bring forth
odyn/o	pain	parathyroid/o	parathyroid glands
-oid	resembling; originating from	-paresis	weakness
-ole	little; small	-pareunia	sexual intercourse
olecran/o	olecranon (elbow)	-partum	birth; labor
olig/o	scanty	patell/a	patella
om/o	shoulder	patell/o	patella
-oma	tumor; mass; fluid collection	path/o	disease
omphal/o	umbilicus (navel)	-pathy	disease; emotion
onc/o	tumor	pector/o	chest
-one	hormone	ped/o	child; foot
onych/o	nail (of fingers or toes)	pelv/i	pelvis; hip region
o/o	egg	pelv/o	pelvis; hip region
oophor/o	ovary	pend/o	hang
-opaque	obscure	-penia	deficiency
ophthalm/o	eye	pen/o	penis
-opia	vision condition	-pepsia	digestion
-opsia	vision condition	per-	through
-opsy	view of	peri-	surrounding
opt/o	eye; vision	perine/o	perineum
optic/o	eye; vision	peritone/o	peritoneum
-or	one who	perone/o	fibula
or/o	mouth	-pexy	fixation; to put in place
orch/o	testis	phac/o	lens of eye
orchi/o	testis	phag/o	eat; swallow
orchid/o	testis		

Combining Form, Suffix, or Prefix	Meaning	Combining Form, Suffix, or Prefix	Meaning
-phage	eat; swallow	-poietin	substance that forms
-phagia	condition of eating; swallowing	poikil/o	varied; irregular
phak/o	lens of eye	pol/o	extreme
phalang/o	phalanges (of fingers and toes)	polio-	gray matter (of brain or spinal cord)
phall/o	penis	poly-	many; much; increased
pharmac/o	drug	polyp/o	polyp; small growth
pharmaceut/o	drug	pont/o	pons (a part of the brain)
pharyng/o	throat (pharynx)	-porosis	condition of pores (spaces)
phas/o	speech	post-	after; behind
-phasia	speech	poster/o	back (of body); behind
phe/o	dusky; dark	-prandial	pertaining to eating or mealtime
-pheresis	removal	-praxia	action
phil/o	like; love; attraction to	pre-	before; in front of
-phil	attraction for	presby/o	old age
-philia	attraction for	primi-	first
phim/o	muzzle	pro-	before; forward
phleb/o	vein	proct/o	anus and rectum
phob/o	fear	pros-	before; forward
-phobia	fear	prostat/o	prostate gland
phon/o	voice; sound	prot/o	first
-phonia	voice; sound	prote/o	protein
phor/o	to bear	proxim/o	near
-phoresis	carrying; transmission	prurit/o	itching
-phoria	to bear, carry; feeling (mental state)	pseudo-	false
phot/o	light	psych/o	mind
phren/o	diaphragm; mind	-ptosis	falling; drooping; prolapse
-phthisis	wasting away	-ptysis	spitting
-phylaxis	protection	pub/o	pubis (anterior part of hip bone)
physi/o	nature; function	pulmon/o	lung
phys/o	growing	pupill/o	pupil (dark center of the eye)
-physis	to grow	purul/o	pus
phyt/o	plant	py/o	pus
-phyte	plant	pyel/o	renal pelvis
pil/o	hair	pylor/o	pylorus; pyloric sphincter
pineal/o	pineal gland	pyr/o	fever; fire
pituitar/o	pituitary gland	pyret/o	fever
-plakia	plaque	pyrex/o	fever
plant/o	sole of the foot	quadri-	four
plas/o	development; formation; growth	rachi/o	spinal column; vertebrae
-plasia	development; formation; growth	radi/o	x-rays; radioactivity; radius (lateral lower arm bone)
-plasm	formation; structure	radicul/o	nerve root
-plastic	pertaining to formation	re-	back; again; backward
-plasty	surgical repair	rect/o	rectum
ple/o	more; many; varied	ren/o	kidney
-plegia	paralysis; palsy	reticul/o	network
-plegic	pertaining to paralysis; palsy	retin/o	retina
pleur/o	pleura	retro-	behind; back; backward
plex/o	plexus; network (of nerves)	rhabdomy/o	striated (skeletal) muscle
-pnea	breathing	rheumat/o	watery flow
pneum/o	lung; air; gas	rhin/o	nose
pneumon/o	lung; air; gas	rhytid/o	wrinkle
pod/o	foot	roentgen/o	x-rays
-poiesis	formation		

Combining Form, Suffix, or Prefix	Meaning	Combining Form, Suffix, or Prefix	Meaning
-rrhage	bursting forth (of blood)	spondyl/o	vertebra (backbone)
-rrhagia	bursting forth (of blood)	squam/o	scale
-rrhaphy	suture	-stalsis	contraction
-rrhea	flow; discharge	staped/o	stapes (middle ear bone)
-rrhexis	rupture	staphyl/o	clusters; uvula
rrhythm/o	rhythm	-stasis	stopping; controlling; placing
sacr/o	sacrum	-static	pertaining to stopping or controlling
salping/o	fallopian tube; auditory (eustachian) tube	steat/o	fat, sebum
-salpinx	fallopian tube; oviduct	sten/o	narrowing
sarc/o	flesh (connective tissue)	-stenosis	tightening; stricture
scapul/o	scapula; shoulder blade	ster/o	solid structure; steroid
-schisis	split	stere/o	solid; three-dimensional
schiz/o	split	stern/o	sternum (breastbone)
scint/i	spark	steth/o	chest
scirrh/o	hard	-sthenia	strength
scler/o	sclera (white of eye); hard	-stital	pertaining to standing or positioned
-sclerosis	hardening	stomat/o	mouth
scoli/o	crooked; bent	-stomia	condition of the mouth
-scope	instrument for visual examination	-stomy	new opening (to form a mouth)
-scopy	visual examination	strept/o	twisted chains
scot/o	darkness	styl/o	pole or stake
seb/o	sebum	sub-	under; below
sebac/o	sebum	submaxill/o	mandible (lower jaw bone)
sect/o	to cut	-suppression	stopping
semi-	half	supra-	above, upper
semin/i	semen; seed	sym-	together; with
seps/o	infection	syn-	together; with
sial/o	saliva; salivary	syncop/o	to cut off, cut short; faint
sialaden/o	salivary gland	syndesm/o	ligament
sider/o	iron	synov/o	synovia; synovial membrane; sheath around a tendon
sigmoid/o	sigmoid colon	syring/o	tube
silic/o	glass	tachy-	fast
sinus/o	sinus	tars/o	tarsus; hindfoot or ankle (7 bones between the foot and the leg)
-sis	state of; condition	tax/o	order; coordination
-sol	solution	tel/o	complete
somat/o	body	tele/o	distant
-some	body	ten/o	tendon
somn/o	sleep	tendin/o	tendon
-somnia	sleep	-tension	pressure
son/o	sound	terat/o	monster; malformed fetus
-spadia	to tear, cut	test/o	testis (testicle)
-spasm	sudden contraction of muscles	tetra-	four
sperm/o	spermatozoa; sperm cells	thalam/o	thalamus
spermat/o	spermatozoa; sperm cells	thalass/o	sea
sphen/o	wedge; sphenoid bone	the/o	put; place
spher/o	globe-shaped; round	thec/o	sheath
sphygm/o	pulse	thel/o, theli/o	nipple
-sphyxia	pulse	therapeut/o	treatment
splanchn/o	viscera (internal organs)	-therapy	treatment
spin/o	spine (backbone)	therm/o	heat
spir/o	to breathe	thorac/o	chest
splen/o	spleen		

Combining Form, Suffix, or Prefix	Meaning	Combining Form, Suffix, or Prefix	Meaning
-thorax	chest; pleural cavity	ungu/o	nail
thromb/o	clot	uni-	one
thym/o	thymus gland	ur/o	urine; urinary tract
-thymia	mind (condition of)	ureter/o	ureter
-thymic	pertaining to mind	urethr/o	urethra
thyr/o	thyroid gland; shield	-uria	urination; condition of urine
thyroid/o	thyroid gland	urin/o	urine
tibi/o	tibia (shin bone)	-us	structure; thing
-tic	pertaining to	uter/o	uterus (womb)
toc/o	labor; birth	uve/o	uvea, vascular layer of eye (iris, choroid, ciliary body)
-tocia	labor; birth (condition of)	uvul/o	uvula
-tocin	labor; birth (a substance for)	vag/o	vagus nerve
tom/o	to cut	vagin/o	vagina
-tome	instrument to cut	valv/o	valve
-tomy	process of cutting	valvul/o	valve
ton/o	tension	varic/o	varicose veins
tone/o	to stretch	vas/o	vessel; duct; vas deferens
tonsill/o	tonsil	vascul/o	vessel (blood)
top/o	place; position; location	ven/o, ven/i	vein
-tory	pertaining to	vener/o	venereal (sexual contact)
tox/o	poison	ventr/o	belly side of body
toxic/o	poison	ventricul/o	ventricle (of heart or brain)
trache/o	trachea (windpipe)	venul/o	venule (small vein)
trans-	across; through	-verse	to turn
-tresia	opening	-version	turning (condition of)
tri-	three	vertebr/o	vertebra (backbone)
trich/o	hair	vesic/o	urinary bladder
trigon/o	trigone (area within the bladder)	vesicul/o	seminal vesicle
-tripsy	crushing	vestibul/o	vestibule of the inner ear
troph/o	nourishment; development	viscer/o	internal organs
-trophy	nourishment; development (condition of)	vit/o	life
-tropia	to turn	vitro/o	vitreous body (of the eye)
-tropic	pertaining to stimulating	vitre/o	glass
-tropin	stimulate; act on	viv/o	life
tympan/o	tympanic membrane (eardrum); middle ear	vol/o	to roll
-type	classification; picture	vulv/o	vulva (female external genitalia)
-ule	little; small	xanth/o	yellow
uln/o	ulna (medial lower arm bone)	xen/o	stranger
ultra-	beyond; excess	xer/o	dry
-um	structure; tissue; thing	xiph/o	sword
umbilic/o	umbilicus (navel)	-y	condition; process
		zo/o	animal life

ENGLISH—MEDICAL WORD PARTS

Meaning	Combining Form, Suffix, or Prefix	Meaning	Combining Form, Suffix, or Prefix
abdomen	abdomin/o (<i>use with</i> -al, -centesis) celi/o (<i>use with</i> -ac) lapar/o (<i>use with</i> -scope, -scopy, -tomy)	apart	ana-
abdominal wall	lapar/o	apart from	para-
abnormal	dys- par- para-	aponeurosis	aponeur/o
abnormal condition	-iasis -osis	appendix	append/o (<i>use with</i> -ectomy) appendic/o (<i>use with</i> -itis)
above	epi- hyper- supra-	appetite	-orexia
acetabulum	acetabul/o	arm	brachi/o
acetones	ket/o keton/o	arm bone, lower lateral	radi/o
acid	oxy-	arm bone, lower, medial	uln/o
acromion	acromi/o	arm bone, upper	humer/o
across	trans-	armpit	axill/o
action	-praxia	arteriole	arteriol/o
action	-esis	artery	arter/o arteri/o
act on	-tropin	articulate (speak distinctly)	-arthria
adenoids	adenoid/o	asbestos	asbest/o
adrenal glands	adren/o adrenal/o	assemble	-agon
after	post-	atrium	atri/o
again	ana-, re-	attraction for	-phil -philia
against	anti- contra-	attraction to	phil/o
air	aer/o pneum/o pneumon/o	auditory tube	salping/o
air sac	alveol/o	away from	ab- apo- ex- exo- bacill/o
albumin	albumin/o	bacilli (rod-shaped bacteria)	
all	pan-	back	re- retro-
along side of	para-	back, lower	lumb/o
alveolus	alveol/o	back portion of body	dorsi- dors/o poster/o
anew	ana-	backbone	spin/o (<i>use with</i> -al) spondyl/o (<i>use with</i> -itis, -lithesis, -osis, -pathy) vertebr/o (<i>use with</i> -al)
amnion	amni/o	backward	ana- retro-
aneurysm	aneurysm/o	bacteria	bacteri/o
angle	goni/o	bacterium (berry-shaped)	-coccus (-cocci, <i>pl.</i>)
animal life	zo/o	bad	cac/o dys- mal-
animal starch	glycogen/o	barrier	claustr/o
ankle	tars/o		
antrum (of stomach)	anthr/o		
anus	an/o		
anus and rectum	proct/o		
anxiety	anxi/o		
aorta	aort/o		

Meaning	Combining Form, Suffix, or Prefix	Meaning	Combining Form, Suffix, or Prefix
base (not acidic)	bas/o	blood vessel	angi/o (<i>use with</i> -ectomy, -genesis, -gram, -graphy, -oma, -plasty, -spasm)
Bartholin glands	bartholin/o		vas/o (<i>use with</i> -constriction, -dilation, -motor)
bear, to	para- -parous -phobia phor/o		vascul/o (<i>use with</i> -ar, -itis)
before	ante- pre- pro- pros-	blue	cyan/o
beginning	-arche	body	corpor/o somat/o -some
behind	post- poster/o retro-	bone	oste/o
belly	celi/o	bone condition	-ostosis
belly side of body	ventr/o	bone marrow	myel/o
below, beneath	hypo- infra- sub-	brain	encephal/o
bend, to	flex/o	branching	furc/o
bent	scoli/o	break	-clasis -clast -lysis
beside	para-	breakdown	mamm/o (<i>use with</i> -ary, -gram, -graphy, -plasty)
between	inter-	breast	mast/o (<i>use with</i> -algia, -dynia, -ectomy, -itis)
beyond	hyper- meta- ultra-	breastbone	stern/o
bile	bil/i chol/e	breathe	spir/o
bile vessel	cholangi/o	breathing	-pnea
bilirubin	bilirubin/o	bring forth	-para -parous
bind	-desis nect/o	bronchial tube (bronchus)	bronch/o bronchi/o
birth	nat/i -partum toc/o -tocia	bronchiole	bronchiol/o
birth, substance for births, live	-tocin -para	bunion	bunion/o
black	anthrac/o melan/o	burn	caus/o cauter/o
bladder (urinary)	cyst/o (<i>use with</i> -ic, -itis, -cele, -gram, -scopy, -stomy, -tomy) vesic/o (<i>use with</i> -al)	bursa	burs/o
blood	hem/o (<i>use with</i> -dialysis, -globin, -lysis, -philia, -ptysis, -rrhage, -stasis, -stat) hemat/o (<i>use with</i> -crit, -emesis, -logist, -logy, -oma, -poiesis, -uria)	bursting forth	-rrhage -rrhagia
blood condition	-emia -emic	calcaneus	calcane/o
		calcium	calc/o calci/o
		calyx	cali/o calic/o
		cancerous	carcin/o
		capillary	capillar/o
		carbon dioxide	capn/o -capnia
		care for, to	comi/o
		carry	duct/o -phoresis -phoria
		carrying	-ferent
		cartilage	chondr/o

Meaning	Combining Form, Suffix, or Prefix	Meaning	Combining Form, Suffix, or Prefix
cast; throw	bol/o	condition	-ation
cause	eti/o		-ema
causing genetic change	mutagen/o		-esis
cecum	cec/o		-ia
cell	cyt/o		-ism
	-cyte		-itus
cells, condition of	-cytosis		-sis
cerebellum	cerebell/o		-y
cerebrum	cerebr/o	condition, abnormal	-iasis
cerumen	cerumin/o		-osis
cervix	cervic/o	conjunctiva	conjunctiv/o
change	meta-	connect	nect/o
cheek	bucc/o	connective tissue	sarc/o
chemical	chem/o	constant	home/o
chest	pector/o	control	-stasis, -stat
	steth/o	contraction	-stalsis
	thorac/o	contraction of muscles, sudden	-spasm
child	ped/o	coordination	tax/o
childbirth	obstetr/o	copy	-mimetic
chin	ment/o	cornea (of the eye)	corne/o
cholesterol	cholesterol/o		kerat/o
chorion	chori/o	cortex	cortic/o
	chorion/o	cotton dust	byssin/o
choroid layer (of the eye)	choroid/o	crooked	scoli/o
ciliary body (of the eye)	cycl/o	crushing	-tripsy
circle or cycle	cycl/o	cul-de-sac	culd/o
classification	-type	curve	lord/o
clavicle	clavicul/o	cut	cis/o
clot	thromb/o		sect/o, -section
clumping	agglutin/o	cut off	tom/o
clusters	staphyl/o	cutting, process of	syncop/o
coagulation	coagul/o	cycle	-tomy
coal dust	anthrac/o	cyst (sac of fluid)	cycl/o
coccyx	coccyg/o	dance	cyst/o
cochlea	cochle/o	dark	chore/o
cold	cry/o	darkness	phe/o
collar bone	clavicul/o	dawn-colored	scot/o
colon	col/o (<i>use with</i> -ectomy, -itis, -pexy, -stomy)	death	eosin/o
	colon/o (<i>use with</i> -ic, -pathy, -scope, scopy)		leth/o
color	chrom/o		mort/o, -mortem
come together	-fusion	deep sleep	necr/o
common bile duct	choledoch/o	defecation	comat/o
complete	dia- tel/o	(elimination of wastes)	-chezia
		deficiency	-penia
		deficient	hypo-
		destroying	-lytic

Meaning	Combining Form, Suffix, or Prefix	Meaning	Combining Form, Suffix, or Prefix
destruction	-lysis	electricity	electr/o
development	plas/o	elimination of wastes	-chezia
	-plasia	embryonic	-blast
	troph/o	enclosed space	claustr/o
	-trophy	enlargement	-megaly
diaphragm	phren/o	enzyme	-ase
difficult	dys-	epididymis	epididym/o
digestion	-pepsia	epiglottis	epiglott/o
dilation	-ectasia	equal	is/o
	-ectasis	esophagus	esophag/o
dim	ambly/o	eustachian tube	salping/o
discharge	-rrhea	excess	-ultra
disease	nos/o	excessive	hyper-
	path/o	excessive pain	-agra
	-pathy	excision	-ectomy
distant	dist/o	expansion	-ectasia
	tele/o		-ectasis
distinct	idi/o	extreme	pol/o
double	dipl/o	extreme point	acr/o
down	cata-	extremities	acr/o
	de-	eye	ocul/o (<i>use with</i> -ar, -facial, -motor)
drooping	-ptosis		ophthalm/o (<i>use with</i> -ia, -ic, -logist, -logy, -pathy, -plasty, -plegia, -scope, -scopy)
drug	chem/o		opt/o (<i>use with</i> -ic, -metrist)
	pharmac/o		optic/o (<i>use with</i> -al, -ian)
	pharmaceut/o	eyelid	blephar/o (<i>use with</i> -chalasis, -itis, -plasty, -plegia, -ptosis, -tomy)
dry	ichthy/o		palpebr/o (<i>use with</i> -al)
	xer/o	face	faci/o
drying	desicc/o	faint	syncop/o
duct	vas/o	falling	-ptosis
dull	ambly/o	fallopian tube	salping/o
duodenum	duoden/o		-salpinx
dura mater	dur/o	false	pseudo-
dusky	phe/o	far	dist/o
dust	coni/o	fascia	fasci/o
ear	aur/o (<i>use with</i> -al, -icle)	fast	tachy-
	auricul/o (<i>use with</i> -ar)	fat	adip/o (<i>use with</i> -ose, -osis)
	ot/o (<i>use with</i> -algia, -ic, -itis, -logy, -mycosis, -rrhea, -sclerosis, -scope, -scopy)	fear	lip/o (<i>use with</i> -ase, -cyte, -genesis, -oid, -oma)
ear condition	-otia	feeling	steat/o (<i>use with</i> -oma, -rrhea)
eardrum	myring/o (<i>use with</i> -ectomy, -itis, -tomy)		phob/o
	tympan/o (<i>use with</i> -ic, -metry, -plasty)	female	-phobia
eat	phag/o		esthesi/o
eating	-phage		-phoria
egg cell	-phagia		estr/o (<i>use with</i> -gen, -genic)
	o/o		gyenc/o (<i>use with</i> -logist, -logy, -mastia)
	ov/o		
	ovul/o		
elbow	olecran/o		

Meaning	Combining Form, Suffix, or Prefix	Meaning	Combining Form, Suffix, or Prefix
femur	femor/o	glass	silic/o
fever	pyr/o		vitre/o
	pyret/o	glial cells	gli/o
	pyrex/o	globe-shaped	spher/o
fiber	fibr/o, fibromat/o, fibrin/o	glomerulus	glomerul/o
fibrous connective tissue	fibros/o	glucose	gluc/o
fibula	fibul/o (<i>use with -ar</i>)		glyc/o
	perone/o (<i>use with -al</i>)	glue	glycos/o
finger and toe bones	phalang/o		coll/a
fingers	dactyl/o		gli/o
fire	pyr/o	glycogen	glycogen/o
first	primi- prot/o	go, to	-grade
	-pexy	good	eu-
fixation	-elasma	granule(s)	granul/o
flat plate	sarc/o	gray	glauc/o
flesh	-rrhea	gray matter	polio-
flow	-oma	green	chlor/o
fluid collection	erythem/o	groin	inguin/o
flushed	follicul/o	grow	-physis
follicle	pod/o	growing	phys/o
foot	metatars/o	growth	-plasia
foot bones	furc/o	gum	gingiv/o
forking	morph/o	habit	-hexia
form	plas/o	hair	pil/o
formation	-plasia -plasm -poiesis	half	trich/o
	-genesis		hemi-
forming	ante-, pro-, pros-	hallucination	semi-
forward	quadri-	hand	hallucin/o
four	tetra-	hang	chir/o
	anter/o	hard	pend/o
front	-ose	hand bones	scirrh/o
full of	fung/i (<i>use with -cide, -oid, -ous,</i> <i>-stasis</i>)	hang, to	pend/o
fungus	myc/o (<i>use with -logist, -logy,</i> <i>-osis, -tic</i>)	hard	kerat/o
	bil/i (<i>use with -ary</i>)	hardening	scirrh/o
gall	chol/e (<i>use with -ary</i>)		-sclerosis
gallbladder	cholecyst/o	head	scler/o
ganglion	gangli/o	hearing	cephal/o
	ganglion/o		acous/o
gas	pneum/o		audi/o
	pneumon/o	heart	audit/o
gather	-agon		-acusis
genetic change	mut/a mutagen/o		-cusis
	-dote		cardi/o (<i>use with -ac, -graphy,</i> <i>logy, logist, -megaly, -pathy,</i> <i>-vascular</i>)
give, to	-dote	heart muscle	coron/o (<i>use with -ary</i>)
given, what is	aden/o	heat	myocardi/o
gland	balan/o		cauter/o
glans penis		heavy	therm/o
		heel bone	pachy-
		hemoglobin	calcane/o
			hemoglobin/o

Meaning	Combining Form, Suffix, or Prefix	Meaning	Combining Form, Suffix, or Prefix
hernia	-cele herni/o	itching	prurit/o
hidden	crypt/o	jaw, lower	mandibul/o submaxill/o
hip region	pelv/i, pelv/o	jaw, upper	maxill/o
holding back	isch/o	jejunum	jejun/o
hormone	hormon/o	joint	arthr/o articul/o
horn-like	-one kerat/o	ketones	ket/o keton/o
horse	equin/o	kidney	nephr/o (<i>use with</i> -algia, -ectomy, -ic, -itis, -lith, -megaly, -oma, -osis, -pathy, -ptosis, sclerosis, -stomy, -tomy)
humerus	humer/o		ren/o (<i>use with</i> -al, -gram, -vascular)
humpback	kyph/o	killing	-cidal -cide
hydrochloric acid	chlorhydr/o	knowledge	gnos/o, gno/o
ileum	ile/o	labor	-partum toc/o -tocia
ilium	ili/o	labor, substance for	-tocin
immature cells	-blast	lack of	de-
immature tumor (cells)	-blastoma	lack of strength	-asthenia
immune	immun/o	lacrimal duct	dacry/o lacrim/o
in, into, within	em- en- endo- in-, intra- ir-	lacrimal sac	dacryocyst/o
in due measure	emmetr/o	lamina	lamin/o
in front of	pre-	large	macro- mega-
incomplete	atel/o	larynx	laryng/o
increased	poly-	lead	duct/o
increase in cell numbers (blood cells)	-cytosis	lens of eye	phac/o phak/o
individual	idi/o	less	de- mi/o
infection	seps/o	less than normal	hypo- bi/o
inferior to	infra-	life	vit/o viv/o
inflammation	-itis	ligament	ligament/o syndesm/o
instrument for recording	-graph	light	actin/o phot/o
instrument for visual examination	-scope	like	phil/o
instrument to cut	-tome	lip	cheil/o labi/o
insulin	insulin/o	lipid	lipid/o
internal organs	spanchn/o viscer/o	little	-ole -ule
intestine, small	enter/o	liver	hepat/o
inward	eso-	lobe	lob/o
iodine	iod/o	location	top/o
ion	ion/o		
iris	ir/o irid/o		
iron	sider/o		
irregular	poikil/o		
irrigation	-clysis		
ischium	ischi/o		

Meaning	Combining Form, Suffix, or Prefix	Meaning	Combining Form, Suffix, or Prefix
loin	lumb/o	monster	terat/o
loosening	-lysis	mood	-thymia
love	phil/o		-thymic
luminous	fluor/o	more	ple/o
lung	pulmon/o	mouth	or/o (<i>use with</i> -al)
lung	pneum/o (<i>use with</i> -coccus, -coniosis, -thorax)		stomat/o (<i>use with</i> -itis)
	pneumon/o (<i>use with</i> -ectomy, -ia, -ic, -itis, -lysis)	movement	-stomia
	pulmon/o (<i>use with</i> -ary)		cine/o
lymph	lymph/o		kines/o
lymph gland	lymphaden/o		kinesi/o
lymph vessel	lymphangi/o		-kinesia
make, to	-fication		-kinesis
male	andr/o	much	-motor
malformed fetus	terat/o	mucous membrane	poly-
malleolus	malleol/o	mucus	mucos/o
mandible (lower jaw bone)	mandibul/o		muc/o
many	submaxill/o	muscle	myx/o
	multi-		muscul/o (<i>use with</i> -ar, -skeletal)
	ple/o		my/o (<i>use with</i> -algia, -ectomy, -oma, -neutral, -pathy, -rrhaphy, -therapy)
	poly-		myos/o (<i>use with</i> -in, -itis)
marketplace	agora-	muscle, smooth (visceral)	leiomy/o
marrow	medull/o	muscle, striated (skeletal)	
mass	-oma		rhabdomy/o
mastoid process	mastoid/o	muscle tumor	myom/o
maxilla	maxill/o	muzzle	phim/o
meal	cib/o	myocardium	myocardi/o
	-prandial	nail	onych/o
measure	-meter		ungu/o
	metr/o	narrowing	-constriction
meatus	meat/o		sten/o
mediastinum	mediastin/o		-stenosis
medulla oblongata	medull/o	nature	physi/o
meninges	mening/o	navel	omphal/o
	meningi/o		umbilic/o
menstruation; menses	men/o	near	para-
metacarpals	metacarp/o		proxim/o
metatarsals (foot bones)	metatars/o	neck	cervic/o
middle	medi/o	neither	neutr/o
	medull/o	nerve	neur/o
	meso-	nerve root	radicul/o
middle ear	tympan/o	nervous sensation	esthes/o
milk	galact/o		esthesi/o
	lact/o		-esthesia
mimic	-mimetic	nest	nid/o
mind	ment/o	network	reticul/o
	phren/o	network of nerves	plex/o
	psych/o	neutral	neutr/o
	-thymia	neutrophil	neutr/o
	-thymic	new	neo-
mixture	cras/o	night	noct/o
			nyct/o

Meaning	Combining Form, Suffix, or Prefix	Meaning	Combining Form, Suffix, or Prefix
nipple	thel/o, theli/o	own	aut-
nipple-like	papill/o	oxygen	ox/o
nitrogen	azot/o		-oxia
nitrogen compound	-amine	pain	-algia (<i>use with</i> arthr/o, cephal/o, gastr/o, mast/o, my/o, neur/o, ot/o)
no, not	a-, an-		-dynia (<i>use with</i> coccyg/o, pleur/o)
none	nulli-		odyn/o
normal	eu-	pain, excessive	-agra
nose	nas/o (<i>use with</i> -al)	pain, sensitivity to	-algesia
	rhin/o (<i>use with</i> -itis, -rrhea, -plasty)		algesi/o
nourishment	troph/o	painful	dys-
	-trophy	palate	palat/o
nucleus	kary/o	palsy	-plegia
	nucle/o		-plegic
nucleus (collection of nerve cells in the brain)	kern-	pancreas	pancreat/o
numbness	narc/o	paralysis	-plegia
obscure	-opaque		-plegic
obsessive	-mania	paralysis, slight	-paresis
preoccupation		parathyroid glands	parathyroid/o
off	apo-	patella	patell/a (<i>use with</i> -pexy)
old age	ger/o		patell/o (<i>use with</i> -ar, -ectomy, -femoral)
	geront/o	pelvis	pelv/i
olecranon (elbow)	presby/o		pelv/o
on	olecran/o	penis	pen/o
one	epi-		phall/o
	mon/o	people	dem/o
	mono-	perineum	perine/o
one's own	uni-	peritoneum	peritone/o
	aut/o	pertaining to	-ac (<i>as in</i> cardiac)
one who	auto-		-al (<i>as in</i> inguinal)
	-er		-an (<i>as in</i> ovarian)
	-or		-ar (<i>as in</i> palmar)
opening	-tresia		-ary (<i>as in</i> papillary)
opening, new	-stomy		-eal (<i>as in</i> pharyngeal)
opposite	contra-		-iac (<i>as in</i> hypocondriac)
optic disc (disk)	papill/o		-ic (<i>as in</i> nucleic)
orange-yellow	cirrh/o		-ical (<i>as in</i> psychological)
order	norm/o		-ile (<i>as in</i> penile)
	tax/o		-ine (<i>as in</i> equine)
organs, internal	viscer/o		-ior (<i>as in</i> superior)
originating from	-oid		-ose (<i>as in</i> adipose)
ossicle	ossicul/o		-ous (<i>as in</i> mucous)
other	all/o		-tic (<i>as in</i> necrotic)
other than	par-		-tory (<i>as in</i> secretory)
out, outside	ec-	phalanges	phalang/o
	ex-	pharynx (throat)	pharyng/o
	exo-	phrase	-lexia
	extra-	physician	iatr/o
outer region	cortic/o	pineal gland	pineal/o
ovary	oophor/o (<i>use with</i> -itis, -ectomy, -pexy)	pituitary gland	hypophys/o
	ovari/o (<i>use with</i> -an)		pituuit/o
			pituuitar/o

Meaning	Combining Form, Suffix, or Prefix	Meaning	Combining Form, Suffix, or Prefix
place	-stasis the/o top/o	put in place	-pexy
plant	phyt/o -phyte	pyloric sphincter, pylorus	pylor/o
plaque	ather/o -plakia	radioactivity	radi/o
pleura	pleur/o	radius (lower arm bone)	radi/o
pleural cavity	-thorax	rapid	oxy-
plexus	plex/o	rash	exanthemat/o
poison	tox/o	record	-gram
	toxic/o	recording, process of	-graphy
pole	styl/o	rectum	rect/o
polyp	polyp/o	recurring	cycl/o
pons	pont/o	red	eosin/o
pores, condition of	-porosis		erythr/o
position	top/o	redness	erythem/o
potassium	kal/i		erythemat/o
pour	chyme/o -fusion	reduce	-lytic
pregnancy	-cyesis gest/o gester/o gravid/o -gravida obstetr/o	reflected sound	echo-
		relaxation	-chaliasia -chaliasis
pressure	bar/o -tension	removal	-apheresis -ectomy -pheresis
process	-ation -ion -ism -y	renal pelvis	pyel/o
produced by or in producing	-genic -gen -genesis	repair	-plasty
prolapse	-ptosis	resembling	-form -oid
prostate gland	prostat/o	retina	retin/o
protection	immun/o -phylaxis	rhythm	rrhythm/o
protein	albumin/o -globin -globulin	rib	cost/o
	prote/o	roll, to	vol/o
pubis	pub/o	rosy	eosin/o
pulse	sphygm/o -sphyxia	round	spher/o
puncture to remove fluid	-centesis	rule	norm/o
pupil	cor/o core/o pupi/o	run	-drome
pus	purul/o	rupture	-rrhexis
put	py/o the/o	sac, small	alveol/o follicul/o
		sac of fluid	cyst/o
		sacrum	sacr/o
		safe	immun/o
		sag, to	-ptosis
		saliva	sial/o
		salivary gland	sialaden/o
		same	ipsi- is/o
		sameness; unchanging; constant	home/o
		scaly	ichthy/o
		scanty	squam/o
		scapula	olig/o
			scapul/o

Meaning	Combining Form, Suffix, or Prefix	Meaning	Combining Form, Suffix, or Prefix
sclera	scler/o	sleep	hypn/o
scrotum	scrot/o		somn/o
sea	thalass/o		-somnia
sebum	seb/o	sleep, deep	comat/o
	sebac/o	slender	lept/o
	steat/o	slide, to	lux/o
secrete	crin/o	sliding, condition of	-lapse
	-crine	slipping	-listhesis
seed	gon/o	slow	brady-
	semin/i	small	-icle
seizure	-lepsy		micro-
seizing, taking hold	-leptic		-ole
of (pertaining to)			-ule
self	aut-	small intestine	enter/o
	auto-	smaller	mi/o
semen	semin/i	smell	-osmia
seminal vesicle	vesicul/o	smooth (visceral)	leiomy/o
send, sending	-mission	muscle	
sensation (nervous)	-esthesia	sodium	natr/o
sensitivity to pain	alges/o	soft	medull/o
	-algnesia	softening	-malacia
separate	-crine	sole (of the foot)	plant/o
	-crit	solid	ster/o
	-lytic		stere/o
separation	-lysis	solution	-sol
set, to	-stital	sound	echo-
severe	acu/o		phon/o
sex glands	gonad/o		-phonia
sexual intercourse	-pareunia		son/o
shape	-form	spark	scint/i
	morph/o	specialist	-ist
sharp	acu/o	speech	phas/o
	oxy-		-phasia
sheath	-lemma	sperm cells	sperm/o
	thec/o	(spermatozoa)	spermat/o
shield	thyr/o	spinal column	rachi/o
shin bone	tibi/o	(spine)	spin/o
shine	-lucent		vertebr/o
short	brachy-	spinal cord	myel/o
shoulder	om/o	spiny	acanth/o
side	later/o	spitting	-ptysis
sieve	ethm/o	spleen	splen/o
sigmoid colon	sigmoid/o	split	-fida
single	mon/o		-schisis
sinus	sinus/o		schiz/o
skin	cutane/o (use with -ous)	stake (pole)	styl/o
	derm/o (use with -al)	stapes	staped/o
	-derma (use with erythr/o, leuk/o)	starch	amyl/o
	dermat/o (use with -itis, -logist,	state of	-hexia
	-logy, -osis)		-sis
	epitheli/o (use with -al, -lysis,	steal	klept/o
	-oid, -oma, -um)	sternum	stern/o
skull	crani/o	steroid	ster/o

Meaning	Combining Form, Suffix, or Prefix	Meaning	Combining Form, Suffix, or Prefix
sticking together	agglutin/o	tear gland	dacryoaden/o
stiff	ankyl/o	tear sac	dacryocyst/o
stimulate	-tropic	temperament	cras/o
	-tropin	tendon	ten/o
stomach	gastr/o		tend/o
stone	lith/o		tendin/o
stones, condition of	-lithiasis	tension	ton/o
stop	-suppression	testis	orch/o (<i>use with</i> -itis)
stopping	-stasis		orchi/o (<i>use with</i> -algia, -dynia, -ectomy, -pathy, -pexy, -tomy)
	-static		orchid/o (<i>use with</i> -ectomy, -pexy, -plasty, -ptosis, -tomy)
straight	orth/o		test/o (<i>use with</i> -sterone)
stranger	xen/o	thick	pachy-
strength	-sthenia	thigh bone	femor/o
stretch	tone/o	thalamus	thalam/o
stretching	-ectasia	thin	lept/o
	-ectasis	thing	-um
striated muscle	rhabdomy/o		-us
stricture	-stenosis	thing that produces	-gen
structure	-ium	thirst	dips/o
	-plasm	thorny	acanth/o
	-um, -us	three	tri-
structure, solid	ster/o	throat (pharynx)	pharyng/o
study of	log/o	through	dia-
	-logy		per-
stupor	narc/o		trans-
substance	-in, -ine	throw, to	bol/o
substance that	-poietin	thymus gland	thym/o
forms		thyroid gland	thyr/o
substance that	-gen		thyroid/o
produces		tibia (shin bone)	tibi/o
sudden	acu/o	tie	nect/o
	oxysm/o	tie together	-desis
sugar	gluc/o	tightening	-stenosis
	glyc/o	time	chron/o
	glycos/o	tissue	hist/o
	-ose		histi/o
surgical repair	-plasty		-ium
surrounding	peri-		-um
suture	-rrhaphy	together	con-
swallow	phag/o		sym-
swallowing	-phagia		syn-
swayback	lord/o	tongue	gloss/o (<i>use with</i> -al, -dynia, -plasty, plegia, -rrhaphy, -spasm, -tomy)
sweat	diaphor/o (<i>use with</i> -esis)		lingu/o (<i>use with</i> -al)
	hidr/o (<i>use with</i> -osis)	tonsil	tonsill/o
swelling	-edema	tooth	dent/i
sword	xiph/o		odont/o
synovial (fluid)	synov/o	top	acr/o
synovial membrane	synov/o	toward	ad-
tail	caud/o		af-
tailbone	coccyg/o		-ad
tarsus (ankle)	tars/o		
tear	dacry/o (<i>use with</i> -genic, -rrhea)		
	lacrim/o (<i>use with</i> -al, -ation)		
tearing (cutting)	-spadia		

Meaning	Combining Form, Suffix, or Prefix	Meaning	Combining Form, Suffix, or Prefix
trachea (windpipe)	trache/o	vas deferens	vas/o
transmission	-phoresis	vagina	colp/o (<i>use with</i> -pexy, -plasty, -scope, -scopy, -tomy)
treatment	iatr/o		vagin/o (<i>use with</i> -al, -itis)
	therapeut/o	vagus nerve	vag/o
trigone	-therapy	valve	valv/o
true	trigon/o		valvul/o
tube	eu-	varicose veins	varic/o
tumor	syring/o	varied	ple/o
	-oma		poikil/o
turn	onc/o	vein	phleb/o (<i>use with</i> -ectomy, -itis, -tomy)
	-tropia		ven/o (<i>use with</i> -ous, -gram)
	-verse		ven/i (<i>use with</i> -puncture)
	-version	vein, small	venul/o
twisted chains	strept/o	venereal (sexual contact)	vener/o
two	bi-	ventricle	ventricul/o
tympanic	myring/o	vertebra (backbone)	rachi/o (<i>use with</i> -itis, -tomy)
membrane	tympan/o		spondyl/o (<i>use with</i> -itis, -listhesis, -osis, -pathy)
(eardrum)			vertebr/o (<i>use with</i> -al)
ulcer	aphth/o	vessel (blood)	angi/o (<i>use with</i> -ectomy, genesis, -gram, -graphy, -oma, -plasty, -spasm)
ulna	uln/o		vas/o (<i>use with</i> -constriction, -dilation, -motor)
umbilicus (navel)	omphal/o (<i>use with</i> -cele, -ectomy, -rrhagia, -rrhexis)		vascul/o (<i>use with</i> -ar, -itis)
	umbilic/o (<i>use with</i> -al)	vestibule of the inner ear	vestibul/o
unchanging	home/o	view of	-opsy
under	hypo-	viscera	splanchn/o
	sub-	vision condition	-opia
uneasy	anxi/o		-opsia
unequal	anis/o		opt/o
unknown	idi/o	visual examination	optic/o
up	ana-	vitreous body	-scopy
upon	epi-	voice	vitr/o
urea	azot/o	voice box (larynx)	phon/o
ureter	ureter/o	vomiting	-phonia
urethra	urethr/o	vulva	laryng/o
urinary bladder	cyst/o (<i>use with</i> -cele, -ectomy, -itis, -pexy, -plasty, -plegia, -scope, -scopy, -stomy, -tomy)		-emesis
	vesic/o (<i>use with</i> -al)		episi/o (<i>use with</i> -tomy)
urinary tract	ur/o		vulv/o (<i>use with</i> -ar)
urination	-uria	wander	ion/o
urine	ur/o	washing	-clysis
	-uria	wasting away	-phthisis
	urin/o	water	aque/o
uterus (womb)	hyster/o (<i>use with</i> -ectomy, -gram, -graphy, -tomy)	watery flow	hydr/o
	metr/o (<i>use with</i> -rrhagia, -rrhea, -rrhexis)	weakness	rheumat/o
	metri/o (<i>use with</i> -osis)	wedge	-paresis
	uter/o (<i>use with</i> -ine)	weight	sphen/o
uvea	uve/o		bar/o
uvula	staphyl/o (<i>use with</i> -ectomy, -plasty, -tomy)		
	uvul/o (<i>use with</i> -ar, -itis, -ptosis)		

Meaning	Combining Form, Suffix, or Prefix	Meaning	Combining Form, Suffix, or Prefix
white	alb/o albin/o leuk/o	woman	gynec/o
wide	mydr/o	womb	hyster/o
widening	-dilation -ectasia -ectasis -eurysm		metr/o metri/o uter/o
windpipe (trachea)	trache/o	word	lex/o -lexia
with	con- sym- syn-	work	erg/o
within	en-, end- endo- intra-	wrinkle	rhytid/o
		wrist bones (carpals)	carp/o
		x-rays	radi/o roentgen/o
		yellow	lute/o jaund/o xanth/o

APPENDIX I

Plurals

The rules commonly used to form plurals of medical terms are as follows:

1. For words ending in a, retain the a and add e.

Examples:

Singular	Plural
bullā	bullae
bursā	bursae
vertebrā	vertebrae

2. For words ending in is, drop the is and add es.

Examples:

Singular	Plural
anastomosis	anastomoses
epiphysis	epiphyses
metastasis	metastases
prosthesis	prostheses
pubis	pubes

3. For words ending in ex and ix, drop the ex or ix and add ices.

Examples:

Singular	Plural
apex	apices
varix	varices

4. For words ending in on, drop the on and add a.

Examples:

Singular	Plural
ganglion	ganglia
spermatozoon	spermatozoa

5. For words ending in um, drop the um and add a.

Examples:

Singular	Plural
bacterium	bacteria
diverticulum	diverticula
ovum	ova

6. For words ending in us, drop the us and add i.

Examples:

Singular	Plural
bronchus	bronchi
calculus	calculi
nucleus	nuclei

Two exceptions to this rule are viruses and sinuses.

7. Additional rules are used to form plurals in other word families.

Examples:

Singular	Plural
anomaly	anomalies
biopsy	biopsies
femur	femora
foramen	foramina
iris	irides
phalanx	phalanges
thorax	thoraces

APPENDIX II

Abbreviations, Acronyms, Eponyms, and Symbols

ABBREVIATIONS

Many of these abbreviations may appear with or without periods and with either a capital or a lowercase first letter. (Latin abbreviations are spelled out in *italics* in parentheses.)

A, B, AB, O	blood types; may have subscript numbers	ADH	antidiuretic hormone; vasopressin (secreted by posterior pituitary gland)
A2, A₂	aortic valve closure (a heart sound)	ADHD	attention-deficit hyperactivity disorder
@	at	ADL	activities of daily living
ā	before	ADT	admission, discharge, transfer
AAA	abdominal aortic aneurysm	AED	automated external defibrillator
AAL	anterior axillary line	AF	atrial fibrillation
AB, ab	abortion	AFB	acid-fast bacillus/bacilli—the TB organism
Ab	antibody	AFO	ankle-foot orthosis (device for stabilization)
ABCDE	asymmetry (of shape), border (irregularity), color (variation with one lesion), diameter (greater than 6 mm), evolution (change)—characteristics associated with melanoma	AFP	alpha-fetoprotein
abd	abdomen; abduction	Ag	silver (<i>argentum</i>)
ABGs	arterial blood gases	AGC	absolute granulocyte count; atypical glandular cells (Pap smear)
AC	acromioclavicular (joint)	AHF	antihemophilic factor (same as coagulation factor XIII)
ac, a.c.	before meals (<i>ante cibum</i>)	AICD	automated implantable cardioverter defibrillator
ACE	angiotensin-converting enzyme (ACE inhibitors treat hypertension)	AIDS	acquired immunodeficiency syndrome
ACH	acetylcholine (a neurotransmitter)	AIHA	autoimmune hemolytic anemia
ACL	anterior cruciate ligament (of knee)	AIS	adenocarcinoma in situ (precancerous cells are seen on Pap smear)
ACLS	advanced cardiac life support	AKA	above-knee amputation
ACS	acute coronary syndrome(s)	alb	albumin (protein)
ACTH	adrenocorticotrophic hormone (secreted by the anterior pituitary gland)	alk phos	alkaline phosphatase (elevated in liver disease)
AD	Alzheimer disease	ALL	acute lymphocytic leukemia
AD	right ear (<i>auris dextra</i>); better to specify “right ear” rather than abbreviating	ALS	amyotrophic lateral sclerosis (Lou Gehrig disease)
ad lib.	as desired (<i>ad libitum</i> , “freely”)	ALT	alanine aminotransferase (elevated in liver and heart disease); formerly called serum glutamic-pyruvic transaminase (SGPT)
ADD	attention deficit disorder		
add	adduction		

AM, a.m.,	in the morning <i>or</i> before noon (<i>ante meridiem</i>)	BP, B/P	blood pressure
AM		BPH	benign prostatic hyperplasia/hypertrophy
AMA	against medical advice; American Medical Association	BPPV	benign paroxysmal positional vertigo
amb	ambulate, ambulatory (walking)	BRBPR	bright red blood per rectum (hematochezia)
AMD	age-related macular degeneration	BRCA1, BRCA2	breast cancer 1, breast cancer 2 (genetic markers for disease risk)
AMI	acute myocardial infarction	bs	blood sugar; breath sound(s)
AML	acute myelocytic/myelogenous leukemia	BSE	breast self-examination
ANA	antinuclear antibody	BSO	bilateral salpingo-oophorectomy
ANC	absolute neutrophil count	BSP	Bromsulphalein (bromosulphophthalein)—dye used in liver function testing; its retention is indicative of liver damage or disease
AP, A/P	anteroposterior	BT	bleeding time
A&P	auscultation and percussion	BUN	blood urea nitrogen
APAP	acetyl- <i>para</i> -aminophenol	bw, BW	birth weight
APC	acetylsalicylic acid/aspirin, phenacetin, caffeine	Bx, bx	biopsy
aq.	water (<i>aqua</i>); aqueous	C	carbon; calorie
ARDS	acute respiratory distress syndrome	°C	degrees Celsius (on “metric” temperature scale); degrees centigrade with (<i>cum</i>)
AROM	active range of motion	Ā	first cervical vertebra, second cervical vertebra (and so on)
AS	aortic stenosis	C1, C2	
AS	left ear (<i>auris sinistra</i>); better to specify “left ear,” rather than abbreviating	CA	cancer; carcinoma; cardiac arrest; chronologic age
ASA	acetylsalicylic acid (aspirin)	Ca	calcium
ASCUS	atypical squamous cells of undetermined significance (abnormal Pap smear finding that does not fully meet the criteria for a cancerous lesion)	CABG	coronary artery bypass graft/grafting (cardiovascular surgery)
ASD	atrial septal defect	CAD	coronary artery disease
ASHD	arteriosclerotic heart disease	CAO	chronic airway obstruction
AST	aspartate aminotransferase (elevated in liver and heart disease); formerly called serum glutamic-oxaloacetic transaminase (SGOT)	cap	capsule
AU	both ears (<i>auris uterque</i>); better to specify “in each ear/for both ears,” rather than abbreviating	CAPD	continuous ambulatory peritoneal dialysis
Au	gold (<i>aurum</i>)	Cath	catheter; catheterization
AUB	abnormal uterine bleeding	CBC	complete blood (cell) count
AV	arteriovenous; atrioventricular	CBT	cognitive behavioral therapy
AVM	arteriovenous malformation	CC	chief complaint
AVR	aortic valve replacement	cc	cubic centimeter (same as mL: 1/1000 of a liter)
AZT	azidothymidine	CCr, CrCl	creatinine clearance
A&W	alive and well	CCU	coronary care unit; critical care unit
B cells	lymphocytes produced in the bone marrow	CDC	Centers for Disease Control and Prevention
Ba	barium	CDH	congenital dislocated hip
BAL	bronchoalveolar lavage	CEA	carcinoembryonic antigen
bands	immature white blood cells (granulocytes)	cf.	compare (<i>confer</i>)
baso	basophils	CF	cystic fibrosis; complement fixation (test) with (<i>cum</i>) glasses
BBB	bundle branch block	c.gl	continuous glucose monitoring system
BC	bone conduction	CGMS	centigray (1/100 of a gray; a rad)
BE	barium enema	cGy	coronary heart disease; chronic heart disease
bid, b.i.d.	twice a day (<i>bis in die</i>)	CHD	
BKA	below-knee amputation	chemo	chemotherapy
BM	bowel movement	CHF	congestive heart failure
BMD	bone mineral density	chol	cholesterol
BMR	basal metabolic rate	chr	chronic
BMT	bone marrow transplantation	μCi	microcurie
		CIN	cervical intraepithelial neoplasia

CIS	carcinoma in situ	DIC	disseminated intravascular coagulation
CK	creatin kinase	DICOM	digital image communication in medicine
CKD	chronic kidney disease	diff.	differential count (of kinds of white blood cells)
Cl	chlorine	DIG	digoxin; digitalis
CLD	chronic liver disease	DKA	diabetic ketoacidosis
CLL	chronic lymphocytic leukemia	dL, dl	deciliter (1/10 of a liter)
cm	centimeter (1/100 of a meter)	DLco	diffusion capacity of the lung for carbon monoxide
CMA	certified medical assistant	DLE	discoid lupus erythematosus
CMC	carpometacarpal (joint)	DM	diabetes mellitus
CMG	cystometrogram	DNA	deoxyribonucleic acid
CML	chronic myelogenous leukemia	DNR	do not resuscitate
CMV	cytomegalovirus	D.O.	doctor of osteopathy
CNS	central nervous system	DOA	dead on arrival
CO	carbon monoxide; cardiac output	DOB	date of birth
CO₂	carbon dioxide	DOE	dyspnea on exertion
Co	cobalt	DPT	diphtheria-pertussis-tetanus (vaccine)
c/o	complains of	DRE	digital rectal examination
COD	condition on discharge	DRG	diagnosis-related group
COPD	chronic obstructive pulmonary disease	DSA	digital subtraction angiography
CP	cerebral palsy; chest pain	DSM	<i>Diagnostic and Statistical Manual of Mental Disorders</i>
CPA	costophrenic angle	DT	delirium tremens (caused by alcohol withdrawal)
CPAP	continuous positive airway pressure	DTR	deep tendon reflex(es)
CPD	cephalopelvic disproportion	DUB	dysfunctional uterine bleeding
CPR	cardiopulmonary resuscitation	DVT	deep vein thrombosis
CR	complete response; cardiorespiratory	D/W	dextrose in water
CRBSI	catheter-related bloodstream infection	Dx	diagnosis
CRF	chronic renal failure	EBV	Epstein-Barr virus (cause of mononucleosis)
C&S	culture and sensitivity (of sputum)	ECC	endocervical curettage; extracorporeal circulation; emergency cardiac care
C-section	cesarean section	ECF	extended care facility
CSF	cerebrospinal fluid; colony-stimulating factor	ECG	electrocardiogram
C-spine	cervical spine (films)	ECHO	echocardiography
CT	computed tomography (x-ray imaging in axial and other planes)	ECMO	extracorporeal membrane oxygenation
ct.	count	ECT	electroconvulsive therapy
CTPA	CT pulmonary angiography	ED	erectile dysfunction; emergency department
CTS	carpal tunnel syndrome	EDC	estimated date of confinement
Cu	copper (<i>cuprum</i>)	EEG	electroencephalogram
CVA	cerebrovascular accident; costovertebral angle	EENT	eyes, ears, nose, throat
CVP	central venous pressure	EGD	esophagogastroduodenoscopy
CVS	cardiovascular system; chorionic villus sampling	EKG	electrocardiogram
c/w	compare with; consistent with	ELISA	enzyme-linked immunosorbent assay
CX, CXR	chest x-ray (film)	EM	electron microscope
Cx	cervix	EMB	endometrial biopsy
cysto	cystoscopy	EMG	electromyogram
D&C	dilatation/dilation and curettage	EMLA	eutectic mixture of local anesthetics
DCIS	ductal carcinoma in situ	EMT	emergency medical technician
DD	discharge diagnosis; differential diagnosis	ENT	ear, nose, throat
Decub.	decubitus (lying down)	EOM	extraocular movement; extraocular muscles
Derm.	dermatology	eos	eosinophils (type of white blood cell)
DES	diethylstilbestrol; diffuse esophageal spasm		
DEXA or DXA	dual-energy x-ray absorptiometry (a test of bone mineral density)		
DI	diabetes insipidus; diagnostic imaging		

EPO	erythropoietin	grav. 1, 2, 3	<i>gravid</i> a 1, 2, 3—first, second, third pregnancy
ER	emergency room; estrogen receptor	gt, gtt	drop (<i>gutta</i>), drops (<i>guttae</i>)
ERCP	endoscopic retrograde cholangiopancreatography	GTT	glucose tolerance test
ERT	estrogen replacement therapy	GU	genitourinary
ESR (sed rate)	erythrocyte sedimentation rate (increase indicates inflammation)	Gy	gray—unit of radiation absorption (exposure); equal to 100 rad
ESRD	end-stage renal disease	GYN, gyn	gynecology
ESWL	extracorporeal shock wave lithotripsy	H	hydrogen
ETOH	ethyl alcohol	h., hr	hour
ETT	exercise tolerance test	H₂ blocker	histamine type 2 receptor antagonist (inhibitor of gastric acid secretion)
EUS	endoscopic ultrasonography	HAART	highly active antiretroviral therapy (for AIDS)
F, °F	Fahrenheit, degrees Fahrenheit	HAI	hemagglutination inhibition
FB	fingerbreadth; foreign body	Hb, hgb	hemoglobin
FBS	fasting blood sugar	HbA_{1c}	glycosylated hemoglobin test (for diabetes)
FDA	U.S. Food and Drug Administration	HBV	hepatitis B virus
FDG-PET	2-deoxy-2[F-18]fluoro-D-glucose positron emission tomography	hCG, HCG	human chorionic gonadotropin
Fe	iron (<i>Latin, ferrum</i>)	HCl	hydrochloric acid
FEF	forced expiratory flow	HCO₃	bicarbonate
FEV₁	forced expiratory volume in first second	Hct, HCT	hematocrit
FH	family history	HCV	hepatitis C virus
FHR	fetal heart rate	HCVD	hypertensive cardiovascular disease
FPG	fasting plasma glucose	HD	hemodialysis (performed by artificial kidney machine)
FROM	full range of movement/motion	HDL	high-density lipoprotein
FSH	follicle-stimulating hormone	He	helium
F/U	follow-up	HEENT	head, eyes, ears, nose, throat
5-FU	5-fluorouracil (a chemotherapy drug)	Hg	mercury (Latin <i>hydrargyrum</i> meaning “liquid silver”)
FUO	fever of undetermined origin	H&H	hematocrit and hemoglobin (measurement)—red blood cell tests
Fx	fracture	HIPAA	Health Insurance Portability and Accountability Act (of 1996)
G	gravid (pregnant)	HIV	human immunodeficiency virus
g, gm	gram	HLA	histocompatibility locus antigen (identifies cells as “self”)
µg	microgram (one millionth of a gram)	HNP	herniated nucleus pulposus
g/dL	grams per deciliter	h/o	history of
Ga	gallium	H₂O	water
GABA	gamma-aminobutyric acid; also spelled γ-aminobutyric acid—a neurotransmitter	H&P	history and physical (examination)
GB	gallbladder	HPF; hpf	high-power field (in microscopy)
GBS	gallbladder series (an x-ray study)	HPI	history of present illness
GC	gonococcus	HPV	human papillomavirus
G-CSF	granulocyte colony-stimulating factor (promotes neutrophil production)	HRT	hormone replacement therapy
Gd	gadolinium	h.s.	at bedtime (<i>hora somni</i>)—write out so as not to confuse with hs (half-strength)
GERD	gastroesophageal reflux disease	HSG	hysterosalpingography
GFR	glomerular filtration rate	HSV	herpes simplex virus
GH	growth hormone	ht	height
GI	gastrointestinal	HTN	hypertension (high blood pressure)
GIST	gastrointestinal stromal tumor	Hx	history
G6PD	glucose-6-phosphate dehydrogenase (enzyme missing in an inherited red blood cell disorder)	I	iodine
GP	general practitioner	¹³¹I	a radioactive isotope of iodine
GM-CSF	granulocyte-macrophage colony-stimulating factor (promotes myeloid progenitor cells with differentiation to granulocytes)	IBD	inflammatory bowel disease (Crohn's and ulcerative colitis)

ICD	implantable cardioverter-defibrillator	LE	lupus erythematosus
ICP	intracranial pressure	LEEP	loop electrocautery excision procedure
ICSH	interstitial cell-stimulating hormone	LES	lower esophageal sphincter
ICU	intensive care unit	LFTs	liver function tests
ID	infectious disease	LH	luteinizing hormone
I&D	incision and drainage	LLL	left lower lobe (of lung)
IgA, IgD, IgE, IgG, IgM	immunoglobulins (type of antibodies)	LLQ	left lower quadrant (of abdomen)
IHD	ischemic heart disease	LMP	last menstrual period
IHSS	idiopathic hypertrophic subaortic stenosis	LMWH	low-molecular-weight heparin
IL-1 to IL-15	interleukins	LOC	loss of consciousness
IM	intramuscular; infectious mononucleosis	LOS	length of (hospital) stay
inf.	infusion; inferior	LP	lumbar puncture
INH	isoniazid (a drug used to treat tuberculosis)	lpf	low-power field (in microscopy)
inj.	injection	LPN	licensed practical nurse
INR	international normalized ratio (measures the time it takes for blood to clot and compares it to an average)	LS	lumbosacral (spine)
I&O	intake and output (measurement of patient's fluids)	LSD	lysergic acid diethylamide (a hallucinogen)
IOL	intraocular lens (implant)	LSH	laparoscopic supracervical hysterectomy
IOP	intraocular pressure	LSK	liver, spleen, kidneys
IPPB	intermittent positive-pressure breathing	LTB	laryngotracheal bronchitis (croup)
IQ	intelligence quotient	LTC	long-term care
ITP	idiopathic thrombocytopenic purpura	LTH	luteotropic hormone (same as prolactin)
IUD	intrauterine device	LUL	left upper lobe (of lung)
IUP	intrauterine pregnancy	LUQ	left upper quadrant (of abdomen)
IV	intravenous	LV	left ventricle
IVP	intravenous pyelogram	LVAD	left ventricular assist device
K	potassium	L&W	living and well
kg	kilogram (equal to 1000 g)	lymphs	lymphocytes
KJ	knee jerk	lytes	electrolytes
KS	Kaposi sarcoma	MA	mental age
KUB	kidneys, ureters, bladder (x-ray study)	MAC	monitored anesthesia care; <i>Mycobacterium avium</i> complex (a common cause of opportunistic pneumonia)
L, l	liter; left; lower	MAI	<i>Mycobacterium avium-intracellulare</i>
μL	microliter (one millionth of a liter)	MAOI	monoamine oxidase inhibitor (a type of antidepressant)
L1, L2	first lumbar vertebra, second lumbar vertebra (and so on)	MBD	minimal brain dysfunction
LA	left atrium	mcg	microgram—also abbreviated μg; equal to one millionth of a gram
LAD	left anterior descending (coronary artery); lymphadenopathy	MCH	mean corpuscular hemoglobin (average amount in each red blood cell)
LADA	latent autoimmune diabetes in adults	MCHC	mean corpuscular hemoglobin concentration (average concentration in a single red cell)
lat	lateral	mCi	millicurie
LB	large bowel	μCi	microcurie
LBBB	left bundle branch block (a form of heart block)	MCP	metacarpophalangeal (joint)
LBW	low birth weight	MCV	mean corpuscular volume (average size of a single red blood cell)
LD	lethal dose	M.D., MD	doctor of medicine
LDH	lactate dehydrogenase	MDI	multiple daily injections; metered-dose inhaler (used to deliver aerosolized medication to a patient)
LDL	low-density lipoprotein (high levels are associated with heart disease)	MDR	minimum daily requirement
L-dopa	levodopa (a drug used to treat Parkinson disease)	MDS	myelodysplastic syndrome (bone marrow disorder)
		MED	minimum effective dose

mEq	milliequivalent	NOTES	natural orifice transluminal endoscopic surgery
mEq/L	milliequivalent per liter (unit of measure for the concentration of a solution)	NPO	nothing by mouth (<i>nil per os</i>)
mets	metastases	NSAID	nonsteroidal anti-inflammatory drug (often prescribed to treat musculoskeletal disorders)
MG	myasthenia gravis	NSR	normal sinus rhythm (of heart)
Mg	magnesium	NTP	normal temperature and pressure
mg	milligram (1/1000 of a gram)	O, O₂	oxygen
mg/cc³	milligram per cubic centimeter	OA	osteoarthritis
mg/dL	milligram per deciliter	OB/GYN	obstetrics and gynecology
MH	marital history; mental health	OCPs	oral contraceptive pills
MI	myocardial infarction; mitral insufficiency	O.D.	doctor of optometry
mL, ml	milliliter (1/1000 of a liter)	OD	right eye (<i>oculus dexter</i>); better to specify "right eye," rather than abbreviating
mm	millimeter (1/1000 of a meter); 0.039 inch	OD	overdose
mm Hg, mmHg	millimeters of mercury	OMT	osteopathic manipulative treatment
MMPI	Minnesota Multiphasic Personality Inventory	OR	operating room
MMR	measles-mumps-rubella (vaccine)	ORIF	open reduction plus internal fixation
MMT	manual muscle testing	ORTH;	orthopedics
μm	micrometer (one millionth of a meter, or 1/1000 of a millimeter); sometimes seen in older sources as μ (for "micron," an outdated term)	Ortho.	
MoAb	monoclonal antibody	OS	left eye (<i>oculus sinister</i>); better to specify "left eye," rather than abbreviating
MODS	multiple organ dysfunction syndrome	os	opening; bone
monos	monocytes (type of white blood cells)	OT	occupational therapy (helps patients perform activities of daily living and function in work-related situations)
MR	mitral regurgitation; magnetic resonance	OU	both eyes (<i>oculus uterque</i>); better to specify "both eyes," rather than abbreviating
MRA	magnetic resonance angiography	oz	ounce
MRI	magnetic resonance imaging	P	phosphorus; posterior; pressure; pulse; pupil
mRNA	messenger RNA	p̄	after (post)
MRSA	methicillin-resistant <i>Staphylococcus aureus</i>	P2, P₂	pulmonary valve closure (a heart sound)
MS	multiple sclerosis; mitral stenosis; morphine sulfate	PA	pulmonary artery; posteroanterior
MSL	midsternal line	P-A	posteroanterior
MTD	maximum tolerated dose	P&A	percussion and auscultation
MTX	methotrexate	PAC	premature atrial contraction
MUGA	multiple-gated acquisition scan (of heart)	Paco₂	partial pressure of carbon dioxide in arterial blood
multip	multipara; multiparous	PACS	picture archival communications system
MVP	mitral valve prolapse	PAD	peripheral arterial disease
myop	myopia (nearsightedness)	palp.	palpable; palpation
N	nitrogen	PALS	pediatric advanced life support
NA, N/A	not applicable; not available	Pao₂	partial pressure of oxygen in blood
Na	sodium (<i>natrium</i>)	Pap smear	Papanicolaou smear (from cervix and vagina)
NB	newborn	para 1, 2, 3	unipara, bipara, tripara (number of viable births)
NBS	normal bowel sounds; normal breath sounds	pc, p.c.	after meals (<i>post cibum</i>)
ND	normal delivery; normal development	PCA	patient-controlled anesthesia
NED	no evidence of disease	PCI	percutaneous coronary intervention
neg.	negative	Pco₂, pCO₂	partial pressure of carbon dioxide
NG tube	nasogastric tube	PCP	<i>Pneumocystis</i> pneumonia; phenacyclidine (a hallucinogen)
NHL	non-Hodgkin lymphoma		
NICU	neonatal intensive care unit		
NK cells	natural killer cells		
NKA	no known allergies		
NKDA	no known drug allergies		

PCR	polymerase chain reaction (process that allows making copies of genes)	PTC	percutaneous transhepatic cholangiography
PD	peritoneal dialysis	PTCA	percutaneous transluminal coronary angioplasty
PDA	patent ductus arteriosus	PTH	parathyroid hormone
PDR	<i>Physicians' Desk Reference</i>	PTHC	percutaneous transhepatic cholangiography
PE	physical examination; pulmonary embolus	PTSD	post-traumatic stress disorder
PEEP	positive end-expiratory pressure	PTT	partial thromboplastin time (a test of blood clotting)
PEG	percutaneous endoscopic gastrostomy (feeding tube placed in stomach)	PU	pregnancy urine
PEJ	percutaneous endoscopic jejunostomy (feeding tube placed in small intestine)	PUVA	psoralen ultraviolet A (a treatment for psoriasis)
per os	by mouth	PVC	premature ventricular contraction
PERRLA	pupils equal, round, reactive to light and accommodation	PVD	peripheral vascular disease
PET	positron emission tomography	PVT	paroxysmal ventricular tachycardia
PE tube	ventilating tube for eardrum	PWB	partial weight-bearing
PFT	pulmonary function test	Px	prognosis
PG	prostaglandin	Q	blood volume; rate of blood flow (daily)
PH	past history	q	every (<i>quaque</i> , "each")
pH	potential hydrogen (scale to indicate degree of acidity or alkalinity)	qAM	every morning; better to specify than to abbreviate
PI	present illness	qd, q.d.	every day (<i>quaque die</i>); better to specify "each/every day," rather than confusing with qid or qod
PICC	peripherally inserted central catheter	qh	every hour (<i>quaque hora</i>); better to specify than to abbreviate
PID	pelvic inflammatory disease	q2h	every 2 hours; better to specify than to abbreviate
PIN	prostatic intraepithelial neoplasia	qid, q.i.d.	four times daily (<i>quater in die</i>); better to specify than to abbreviate
PIP	proximal interphalangeal (joint)	q.n.s.	quantity not sufficient (<i>quantum non sufficit</i>)
PKU	phenylketonuria	qPM	every evening; better to specify than to abbreviate
PM, p.m.	in the afternoon (post meridiem)	QRS	a wave complex in an electrocardiographic study
PMH	past medical history	q.s.	sufficient quantity (<i>quantum sufficit</i>)
PMN	polymorphonuclear leukocyte	qt	quart
PMS	premenstrual syndrome	R	respiration; right
PND	paroxysmal nocturnal dyspnea	RA	rheumatoid arthritis; right atrium
PNS	peripheral nervous system	Ra	radium
PO, p.o.	by mouth (per os)	rad	radiation absorbed dose
p/o	postoperative	RAIU	radioactive iodine uptake test
Po₂, pO₂	partial pressure of oxygen	RBBB	right bundle branch block
poly	polymorphonuclear leukocyte	RBC, rbc	red blood count; red blood cell
postop	postoperative (after surgery)	RDDA	recommended daily dietary allowance
PPBS	postprandial blood sugar	RDS	respiratory distress syndrome
PPD	purified protein derivative (used in test for tuberculosis)	REM	rapid eye movement
preop	preoperative	RF	rheumatoid factor
prep	prepare for	Rh (factor)	rhesus (monkey) factor in blood
PR	partial response	RhoGAM	drug to prevent Rh factor reaction in Rh-negative women
primip	primipara	RIA	radioimmunoassay (test for measuring minute quantities of a substance)
PRL	prolactin	RLL	right lower lobe/lung
p.r.n.	as needed; as necessary (<i>pro re nata</i>)		
procto	proctoscopy		
prot.	protocol		
Pro. time	prothrombin time (test of blood clotting)		
PSA	prostate-specific antigen		
PT	prothrombin time; physical therapy (helps patients regain use of muscles and joints after injury or surgery)		
pt.	patient		
PTA	prior to admission (to hospital)		

RLQ	right lower quadrant (abdomen)	Staph.	staphylococci (berry-shaped bacteria in clusters)
RML	right middle lobe (lung)	stat., stat	immediately (<i>statim</i>)
RNA	ribonucleic acid	STD	sexually transmitted disease
R/O	rule out	STH	somatotropic hormone (somatotropin) (a growth hormone)
ROM	range of motion	STI	sexually transmitted infection
ROS	review of systems	Strep.	streptococci (berry-shaped bacteria in twisted chains)
RRR	regular rate and rhythm (of heart)	subcu,	subcutaneous
RT	right; radiation therapy	subcut	subcutaneous
RUL	right upper lobe (of lung)	SQ	subcutaneous
RUQ	right upper quadrant (of abdomen)	subQ, sub-Q	subcutaneous
RV	right ventricle	SVC	superior vena cava
Rx	treatment; therapy; prescription	SVD	spontaneous vaginal delivery
̄s	without (<i>sine</i>)	Sx	symptoms; signs and symptoms
S1, S2	first sacral vertebra, second sacral vertebra (and so on)	Sz	seizure
S-A node	sinoatrial node (pacemaker of heart)	T	temperature; time
SAD	seasonal affective disorder	T cells	lymphocytes produced in the thymus gland
SARS	severe acute respiratory syndrome	T tube	tube placed in biliary tract for drainage
SBE	subacute bacterial endocarditis	T1, T2	first thoracic vertebra, second thoracic vertebra (and so on)
SBFT	small bowel follow-through (x-ray study of small intestine function)	T₃	triiodothyronine (test)
segs	segmented, mature white blood cells (neutrophils)	T₄	thyroxine (test)
SERM	selective estrogen receptor modulator	TA	therapeutic abortion
s.gl	without (<i>sine</i>) glasses	T&A	tonsillectomy and adenoidectomy
SGOT	see AST	TAB	therapeutic abortion
SGPT	see ALT	TAH	total abdominal hysterectomy
SIADH	syndrome of inappropriate antidiuretic hormone	TAT	Thematic Apperception Test
SIDS	sudden infant death syndrome	TB	tuberculosis
Sig.	directions—medication instructions (<i>signa</i> , “mark”)	Tc	technetium
SIRS	systemic inflammatory response syndrome (severe bacteremia)	TEE	transesophageal echocardiogram
SL	sublingual	TENS	transcutaneous electrical nerve stimulation
SLE	systemic lupus erythematosus	TFT	thyroid function test
SMA-12	blood chemistry profile including 12 different studies/assays	THR	total hip replacement (an arthroplasty procedure)
SMAC	sequential multiple analyzer computer (automated analytical device for testing blood)	TIA	transient ischemic attack
SOAP	subjective, objective, assessment, plan (used for patient notes)	tid, t.i.d.	three times daily (<i>ter in die</i>)
SOB	shortness of breath	TKR	total knee replacement (an arthroplasty procedure)
s.o.s.	if necessary (<i>si opus sit</i> , “if there should be [such a] necessity”)	TLC	total lung capacity
S/P	status post (previous disease, condition, or procedure)	TLE	temporal lobe epilepsy
sp. gr.	specific gravity	TM	tympanic membrane
SPECT	single photon emission computed tomography	TMJ	temporomandibular joint
SQ	subcutaneous	TNF	tumor necrosis factor
S/S, Sx	signs and symptoms	TNM	tumor-node-metastasis (cancer staging system)
SSCP	substernal chest pain	tPA	tissue plasminogen activator
SSRI	selective serotonin reuptake inhibitor (a type of antidepressant)	TPN	total parenteral nutrition
		TPR	temperature, pulse, respirations
		TRUS	transrectal ultrasound (examination) (test to access the prostate and guide precise placement of a biopsy needle)
		TSH	thyroid-stimulating hormone

TSS	toxic shock syndrome	VCUG	voiding cystourethrogram
TUR, TURP	transurethral resection of the prostate	VDRL	Venereal Disease Research Laboratory (test for syphilis)
TVH	total vaginal hysterectomy	VEGF	vascular endothelial growth factor
Tx	treatment	VF	visual field; ventricular fibrillation
UA	unstable angina (chest pain at rest or of increasing frequency)	V/Q scan	ventilation-perfusion scan (of lung)
UAO	upper airway obstruction	V/S	vital signs; versus
UC	uterine contraction(s)	VSD	ventricular septal defect
UE	upper extremity	VT	ventricular tachycardia (an abnormal heart rhythm)
UGI	upper gastrointestinal	VTE	venous thromboembolism
umb.	navel (umbilicus)	WAIS	Wechsler Adult Intelligence Scale
U/O	urinary output	WBC, wbc	white blood cell; white blood count
URI	upper respiratory infection	WDWN	well developed and well nourished
U/S	ultrasound; ultrasonography	WISC	Wechsler Intelligence Scale for Children
UTI	urinary tract infection	WNL	within normal limits
UV	ultraviolet	wt	weight
VA	visual acuity	XRT	radiation therapy
VATS	video-assisted thoracic surgery (a thoracoscopy procedure)	y/o, yr	year(s) old
VC	vital capacity (of lungs)		

ACRONYMS

An *acronym* is the name for an abbreviation that forms a pronounceable word.

ACE (“ace”) a ngiotensin- c onverting e nzyme	PACS (pāks) p icture a rchival c ommunications s ystem
AIDS (ādz) a cquired i mmuno d eficiency s yndrome	PALS (pālz) p ediatric a dvanced l ife s upport
APGAR (ĀP-gahr) a pppearance, p ulse, g rimace, a ctivity, r espiration	PANDAS (PĀN-dāz) P ediatric A utoimmune N europsychiatric D isorders A ssociated with S treptococcal Infections
BUN (“bun” or bē-yū-ĒN) b lood u rea n itrogen	PEEP (“peep”) p ositive e nd- e xpiratory p ressure
CABG (“cabbage”) c oronary a rtery b ypass g raft/grafting	PEG (“peg”) p ercutaneous e ndoscopic g astrostomy
CAT (“cat”) c omputerized a xial t omography (outdated term; use CT)	PERRLA (PĒR-lā) p upils e qual, r ound, r eactive to l ight and a ccommodation
CPAP (“see”-pāap) c ontinuous p ositive a irway p ressure	PET (“pet”) p ositron e mission t omography
DEXA (DECKS-Ā) d ual e nergy x -ray a bsorptometry	PICU (PĪK-yŭ) p ediatric i ntensive c are u nit
ELISA (“eliza”) e nzyme- l inked i mmuno s orbent a ssay	PIP (“pip”) p roximal i nterphalangeal (joint)
GERD (gĕrd) g astro e sophageal r eflux d isease	PUVA (poo-vā) p soralen u ltraviolet A
GIST (jist) g astrointestinal s traloma t umor	REM (rēm) r apid e ye m ovement
HAART (“heart”) h ighly a ctive a nti r etroviral t herapy	SAD (“sad”) s easonal a ffective d isorder
HIPAA (HĪP-ā) H ealth I nsurance P ortability and A ccountability A ct of 1996	SARS (sahrz) s evere a cute r espiratory s yndrome
LASER (LĀ-zĕr) l ight a mplification by s timulated e mission of r adiation	SERM (sĕrm) s elective e strogen r eceptor m odulator
LASIK (LĀ-sĭk) l aser in situ k eratotomy	SIDS (sĭdz) s udden i nfant d eath s yndrome
LEEP (“leap”) l oop e lectrocautery e xcision p rocedure	SIRS (sĕrz) s ystemic i nflammatory r esponse s yndrome
MAC (māk) m onitored a nesthesia c are; Mycobacterium avium complex	SMAC (“smack”) s equential m ultiple a nalyzer c omputer (blood testing)
MICU (MĪK-yū) m edical i ntensive c are u nit	SOAP (“soap”) s ubjective, o bjective, a ssessment, p lan
MIS (“miss”) m inimally i nvasive s urgery	SPECT (spĕkt) s ingle p hoton e mission c omputed t omography
MODS (mōdz) m ultiple o rgan d ysfunction s yndrome	TENS (tĕnz) t ranscutaneous e lectrical n erve s timulation
MUGA (mū-gā) m ultiple- g ated a cquisition (scan)	TRUS (“truss”) t rans r ectal u ltrason d
NSAID (ĒN-sĕd) n on s teroidal a nti- i nflammatory d rug	TURP (tüerp) t rans u rethral r esection of the p rostate
NICU (NĪK-yū) n eonatal i ntensive c are u nit	VATS (vätz) v ideo- a ssisted t horacic s urgery

EPONYMS

An *eponym* is a designation for a disorder, structure, or other medical entity derived from a person or place.

Achilles tendon (Achilles, Greek mythological hero)	This tendon connects the calf muscles to the heel. It lies at the only part of Achilles' body that was still vulnerable after his mother dipped him as an infant into the river Styx, when she held him by the heel.
Alzheimer disease (Alois Alzheimer, MD, German neurologist, 1864-1915)	Progressive mental deterioration marked by confusion, memory failure, and disorientation.
Apgar score (Virginia Apgar, MD, American anesthesiologist, 1909-1974)	Evaluation of an infant's physical condition, usually performed 1 minute and then 5 minutes after birth. Highest score is 10. An Apgar rating of 9/10 is a score of 9 at 1 minute and 10 at 5 minutes.
Asperger syndrome (Hans Asperger, Austrian psychiatrist, 1906-1980)	A developmental disorder characterized by impairment of social interactions (resembling autism) but lacking in delays in language development and mental functioning.
Barrett esophagus (Norman Barrett, English physician, 1903-1979)	The lining of the esophagus is damaged by acid reflux and may be a precancerous condition.
Bell palsy (Charles Bell, Scottish surgeon, 1774-1842)	Unilateral (one-sided) paralysis of the facial nerve.
Burkitt lymphoma (Denis Burkitt, English surgeon in Africa, 1911-1993)	Malignant tumor of lymph nodes; chiefly seen in central Africa. The Epstein-Barr virus is associated with this lymphoma.
Cheyne-Stokes respiration (John Cheyne, Scottish physician, 1777-1836; William Stokes, Irish physician 1804-1878)	Abnormal pattern of respirations with alternating periods of stoppage of breathing and deep, rapid breathing.
Colles fracture (Abraham Colles, Irish surgeon, 1773-1843)	A break (fracture) of the radius (outer forearm bone) near the wrist.
Crohn disease (Burrill B. Crohn, American physician, 1884-1983)	Chronic inflammatory bowel disease of unknown origin; usually affecting the ileum (last part of the small intestine), colon, or any part of the gastrointestinal tract.
Cushing syndrome (Harvey W. Cushing, American surgeon, 1869-1939)	A disorder resulting from chronic, excessive production of cortisol from the adrenal cortex. It can also result from administration of glucocorticoids (cortisone) in large doses for long periods of time.
Duchenne muscular dystrophy (Guillaume Benjamin Amand Duchenne, French neurologist, 1806-1875)	Abnormal, inherited condition marked by progressive hardening of muscles in the legs and hips (pelvis) beginning in infancy.
Epstein-Barr virus (Michael A. Epstein, English pathologist, born 1921; Yvonne M. Barr, English virologist, born 1932)	The herpesvirus that causes infectious mononucleosis and is associated with malignant conditions such as nose and throat cancer, Burkitt lymphoma, and Hodgkin disease.
eustachian tube (Bartolomeo Eustachio, Italian anatomist, 1524-1574)	Anatomic passageway that joins the throat and the middle ear cavity.
Ewing sarcoma (James Ewing, American pathologist, 1866-1943)	Malignant tumor that develops from bone marrow, usually in long bones or the hip (pelvis).
fallopian tube (Gabriele Falloppio, Italian anatomist, 1523-1562)	One of a pair of tubes or ducts leading from the ovary to the upper portion of the uterus.

Foley catheter (Frederic Foley, American physician, 1891-1966)	Rubber tube that is placed in the urethra to provide drainage of urine.
<i>Giardia</i> (Alfred Giardia, French biologist, 1846-1908)	One-celled organism (protozoan) that causes gastrointestinal infection with diarrhea, abdominal cramps, and weight loss. Cause of infection is usually fecally contaminated water.
Hodgkin disease (Thomas Hodgkin, English physician, 1798-1866)	Malignant tumor of the lymph nodes.
Huntington disease (George S. Huntington, American physician, 1851-1916)	Rare, hereditary condition marked by chronic, progressively worsening dance-like movements (chorea) and mental deterioration, resulting in dementia.
Kaposi sarcoma (Moritz Kaposi, Austrian dermatologist, 1837-1902)	Malignant neoplasm of cells that line blood and lymph vessels. Soft brownish or purple papules appear on the skin. The tumor can metastasize to lymph nodes and internal organs. It is often associated with AIDS.
Marfan syndrome (Bernard-Jean A. Marfan, French pediatrician, 1858-1942)	Hereditary condition that affects bones, muscles, the cardiovascular system (leading to aneurysms), and eyes (lens dislocation). Affected people have overlong extremities with “spider-like” fingers (arachnodactyly), underdeveloped muscles, and easily movable joints.
Meniere disease (Prosper Ménière, French physician, 1799-1862)	Chronic disease of the inner ear with recurrent episodes of dizziness (vertigo), hearing loss, and ringing in the ears (tinnitus).
<i>Neisseria gonorrhoeae</i> (Albert L. S. Neisser, Polish dermatologist, 1855-1916)	A type of bacterium that causes gonorrhea (a sexually transmitted disease).
Paget disease (James Paget, English surgeon, 1814-1899)	Disease of bone, often affecting middle-aged or elderly people; marked by bone destruction and poor bone repair.
Pap test (George Papanicolaou, Greek physician in the United States, 1883-1962)	Method of examining stained cells obtained from the cervix and vagina. It is a common way to detect cervical cancer.
Parkinson disease (James Parkinson, English physician, 1755-1824)	Slowly progressive degenerative neurologic disorder marked by tremors, mask-like facial appearance, shuffling gait (manner of walking), and muscle rigidity and weakness.
Raynaud phenomenon (Maurice Raynaud, French physician, 1834-1881)	Intermittent attacks of loss of blood flow (ischemia) of the extremities of the body (fingers, toes, ears, and nose). Episodes most often are caused by exposure to cold.
Reye syndrome (R. Douglas Reye, Austrian pathologist, 1912-1978)	Acute brain disease (encephalopathy) and disease of internal organs following an acute viral infection.
Rinne test (Heinrich A. Rinne, German otologist, 1819-1868)	Hearing test using a vibrating tuning fork placed against a bone behind the patient's ear (mastoid bone).
Rorschach test (Herman Rorschach, Swiss psychiatrist, 1884-1922)	Personality test based on a patient's interpretation of 10 standard ink blots.
<i>Salmonella</i> (Daniel E. Salmon, American pathologist, 1850-1914)	Type of bacteria (rod-shaped) that causes typhoid fever and types of gastroenteritis (inflammation of the stomach and intestines).
<i>Shigella</i> (Kiyoshi Shiga, Japanese bacteriologist, 1870-1957)	Type of bacteria that causes severe infectious gastroenteritis (inflammation of stomach and intestines) and dysentery (diarrhea, abdominal pain, and fever).

Sjögren syndrome (Heinrik S.C. Sjögren, Swedish ophthalmologist, 1899-1986)	Abnormal dryness of the mouth, eyes, and mucous membranes, caused by deficient fluid production. It is a disorder of the immune system.
Snellen test (Herman Snellen, Dutch ophthalmologist, 1834-1908)	Test of visual clarity (acuity) using a special chart. Letters, numbers, or symbols are arranged on the chart in decreasing size from top to bottom.
Tay-Sachs disease (Warren Tay, English ophthalmologist, 1843-1927; Bernard Sachs, American neurologist, 1858-1944)	Inherited disorder of nerve degeneration caused by deficiency of an enzyme. Most affected children die between the ages of 2 and 4 years.
Tourette syndrome (Georges Gilles de la Tourette, French neurologist, 1857-1927)	Condition marked by abnormal facial grimaces, inappropriate speech, and involuntary movements of eyes, arms, and shoulders (tics).
von Willebrand disease (Erick A. von Willebrand, Finnish physician, 1870-1949)	Inherited blood disorder marked by abnormally slow blood clotting; caused by deficiency in a blood clotting factor (factor VIII).
Weber tuning fork test (Hermann D. Weber, English physician, 1823-1918)	Test of hearing using a vibrating tuning fork with the stem placed in the center of the patient's forehead.
Whipple procedure (Allen O. Whipple, American surgeon, 1881-1963)	A surgical procedure to remove a portion of the pancreas and the stomach and the entire first part of the small intestine (duodenum). Used in the treatment of pancreatic cancer and other conditions.
Wilms tumor (Max Wilms, German surgeon, 1867-1918)	Malignant tumor of the kidney occurring in young children.

SYMBOLS

=	equals	3	ounce
≠	does not equal	%	percent
+	positive	°	degree; hour
–	negative	:	ratio; “is to”
↑	above, increase	±	plus or minus (either positive or negative)
↓	below, decrease	′	foot
♀	female	″	inch
♂	male	∴	therefore
→	to (in direction of)	@	at, each
>	is greater than	Ā	with
<	is less than	̄	without
1°	primary to	#	pound; number
2°	secondary to	≅	approximately equals, is about
3	dram	Δ	change
		p	short arm of a chromosome
		q	long arm of a chromosome

APPENDIX III

Normal Hematologic Reference Values and Implications of Abnormal Results

The implications of abnormal results are major ones in each category. SI units are those used in the International System of Units, which generally are accepted for all scientific and technical uses. All laboratory values should be interpreted with caution because normal values differ widely among clinical laboratories.

cu mm = cubic millimeter (mm^3)
dL = deciliter (1/10 of a liter *or* 100 mL)
g = gram
L = liter
mg = milligram (1/1000 of a gram)
mL = milliliter

mEq = milliequivalent
mm = millimeter (1/1000 of a meter)
mmol = millimole
U = unit
mL = microliter
mmol = micromole (one millionth of a mole)

BLOOD CELL COUNTS

Cell Category	Conventional Units	SI Units	Implications
Erythrocytes (RBCs)			
Females	4.0–5.5 million/mm ³ <i>or</i> μL	$4.0\text{--}5.5 \times 10^{12}/\text{L}$	<i>High</i> ♦ Polycythemia ♦ Dehydration
Males	4.5–6.0 million/mm ³ <i>or</i> μL	$4.5\text{--}6.0 \times 10^{12}/\text{L}$	<i>Low</i> ♦ Iron deficiency anemia ♦ Blood loss
Leukocytes (WBCs)			
Total	5000–10,000/mm ³ <i>or</i> μL	$5.0\text{--}10.0 \times 10^9/\text{L}$	<i>High</i> ♦ Bacterial infection ♦ Leukemia ♦ Eosinophils high in allergy
Differential (%)			
Neutrophils	54–62		
Lymphocytes	20–40		<i>Low</i> ♦ Viral infection ♦ Aplastic anemia ♦ Chemotherapy
Monocytes	3–7		
Eosinophils	1–3		
Basophils	0–1		
Platelets	150,000–350,000/mm ³ <i>or</i> μL	$200\text{--}400 \times 10^9/\text{L}$	<i>High</i> ♦ Hemorrhage ♦ Infections ♦ Malignancy ♦ Splenectomy <i>Low</i> ♦ Aplastic anemia ♦ Chemotherapy ♦ Hypersplenism

COAGULATION TESTS

Test	Conventional Units	SI Units	Implications
Bleeding time (template method)	2.75–8.0 min	2.7–8.0 min	<i>Prolonged</i> ♦ Aspirin ingestion ♦ Low platelet count
Coagulation time	5–15 min	5–15 min	<i>Prolonged</i> ♦ Heparin therapy
Prothrombin time (PT)*	11–12.5 sec	11–12.5 sec	<i>Prolonged</i> ♦ Vitamin K deficiency ♦ Hepatic disease ♦ Oral anticoagulant therapy (warfarin)
Partial thromboplastin time (PTT)	25–34 sec	25–37 sec	<i>Prolonged</i> ♦ Intravenous heparin therapy

*The INR (international normalized ratio) is a standard tool for monitoring the effects of an anticoagulant, warfarin; the normal INR value is <1.5.

RED BLOOD CELL TESTS

Test	Conventional Units	SI Units	Implications
Hematocrit (Hct)			
Females	37%–47%	0.37–0.47	<i>High</i> ♦ Polycythemia ♦ Dehydration
Males	40%–54%	0.40–0.54	<i>Low</i> ♦ Loss of blood ♦ Anemia
Hemoglobin (Hb, Hgb)			
Females	12.0–14.0 g/dL <i>or</i> 120–140 g/L	1.86–2.48 mmol/L	<i>High</i> ♦ Polycythemia ♦ Dehydration
Males	14.0–16.0 g/dL	2.17–2.79 mmol/L	<i>Low</i> ♦ Anemia ♦ Blood loss

SERUM TESTS

Test	Conventional Units	SI Units	Implications
Alanine aminotransferase (ALT; SGPT)	5–30 U/L	5–30 U/L	<i>High</i> ♦ Hepatitis
Albumin	3.5–5.5 g/dL	35–55 g/L	<i>Low</i> ♦ Hepatic disease ♦ Malnutrition ♦ Nephritis and nephrosis
Alkaline phosphatase (ALP)	20–90 U/L	20–90 U/L	<i>High</i> ♦ Bone disease ♦ Hepatitis or tumor infiltration of liver ♦ Biliary obstruction
Aspartate aminotransferase (AST; SGOT)	10–30 U/L	10–30 U/L	<i>High</i> ♦ Hepatitis ♦ Cardiac and muscle injury
Bilirubin			<i>High</i> ♦ Hemolysis ♦ Neonatal hepatic immaturity ♦ Cirrhosis ♦ Biliary tract obstruction
Total	0.3–1.0 mg/dL	5.1–17 μ mol/L	<i>High</i> ♦ Renal disease ♦ Reduced renal blood flow ♦ Urinary tract obstruction
Neonates	1–12 mg/dL	17–205 μ mol/L	
Blood urea nitrogen (BUN)	10–20 mg/dL	3.6–7.1 mmol/L	<i>High</i> ♦ Hepatic damage ♦ Malnutrition
Calcium	9.0–10.5 mg/dL	2.2–2.6 mmol/L	<i>High</i> ♦ Hyperparathyroidism ♦ Multiple myeloma ♦ Metastatic cancer
			<i>Low</i> ♦ Hypoparathyroidism ♦ Total parathyroidectomy
Cholesterol (desirable range)			
Total	<200 mg/dL	<5.2 mmol/L	<i>High</i> ♦ High-fat diet ♦ Inherited hypercholesterolemia
LDL cholesterol	<130 mg/dL	<3.36 mmol/L	
HDL cholesterol	>60 mg/dL	>1.55 mmol/L	<i>Low</i> ♦ Starvation

Test	Conventional Units	SI Units	Implications
Creatine kinase (CK)			
Females	30–135 U/L	30–135 U/L	<i>High</i> ♦ Myocardial infarction
Males	55–170 U/L	55–170 U/L	♦ Muscle disease
Creatinine	<1.5 mg/dL	<133 μ mol/L	<i>High</i> ♦ Renal disease
Glucose (fasting)	75–115 mg/dL	4.2–6.4 mmol/L	<i>High</i> ♦ Diabetes mellitus
			<i>Low</i> ♦ Hyperinsulinism
			♦ Fasting
			♦ Hypothyroidism
			♦ Addison disease
			♦ Pituitary insufficiency
Iron (Fe)			
Females	30–160 μ g/dL	5.4–31.3 μ mol/L	<i>High</i> ♦ Hemochromatosis
Males	45–160 μ g/dL	8.1–31.3 μ mol/L	♦ Transfusions
			<i>Low</i> ♦ Anemia
			♦ Bleeding
Lactate dehydrogenase (LDH)	100–190 U/L	100–190 U/L	<i>High</i> ♦ Tissue necrosis
			♦ Lymphomas
			♦ Muscle disease
Phosphate (PO_4^-)	3.0–4.5 mg/dL	1.0–1.5 mmol/L	<i>High</i> ♦ Renal failure
			♦ Bone metastases
			♦ Hypoparathyroidism
			<i>Low</i> ♦ Malnutrition
			♦ Malabsorption
			♦ Hyperparathyroidism
Potassium (K^+)	3.5–5.0 mEq/L	3.5–5.0 mmol/L	<i>High</i> ♦ Burn injury
			♦ Renal failure
			♦ Diabetic ketoacidosis
			<i>Low</i> ♦ Cushing syndrome
			♦ Loss of body fluids
Sodium (Na^+)	136–145 mEq/L	136–145 mmol/L	<i>High</i> ♦ Inadequate water intake
			♦ Water loss in excess of sodium
			<i>Low</i> ♦ Adrenal insufficiency
			♦ Inadequate sodium intake
			♦ Excessive sodium loss
Thyroxine (T4)	5–12 μ g/dL	64–154 nmol/L	<i>High</i> ♦ Graves disease (hyperthyroidism)
			<i>Low</i> ♦ Hypothyroidism
Uric acid			
Females	2.5–8.0 mg/dL	150–480 μ mol/L	<i>High</i> ♦ Gout
Males	1.5–6.0 mg/dL	90–360 μ mol/L	♦ Leukemia

APPENDIX IV

Drugs

Following is an alphabetized list of the drugs referred to in Chapter 21 (tables), with brand name(s) in parentheses and explanation of use, including drug category and/or class. This Appendix, along with drugs listed alphabetically by brand name, appears on the Evolve website.

Generic Name (Brand Name)

abiraterone (Zytiga)
acarbose (Precose)
acetaminophen (Tylenol)
acyclovir (Zovirax)
adalimumab (Humira)
albuterol (Proventil, Ventolin)
alendronate (Fosamax)
alprazolam (Xanax)
aluminum antacid (Rolaids)
aluminum + magnesium antacid (Gaviscon)
amiodarone (Cordarone)
amlodipine (Norvasc)
amoxicillin trihydrate (Amoxil, Trimox)
amoxicillin + clavulanate (Augmentin)
anastrozole (Arimidex)
aripiprazole (Abilify)
aspirin (Anacin, Ascription, Excedrin)
atenolol (Tenormin)
atorvastatin (Lipitor)
azithromycin (Zithromax)

budesonide (Pulmicort)
buspirone (BuSpar)
butabarbital (Butisol)

caffeine
calcitonin (Cibacalcin)
carbamazepine (Tegretol)
cefprozil (Cefzil)
ceftazidime (Fortaz)
cefuroxime axetil (Ceftin)
celecoxib (Celebrex)
cephalexin (Keflex)
certolizumab pegol (Cimzia)

Explanation of Use

Endocrine/antiandrogen
Antidiabetic (type 2 diabetes)/alpha-glucosidase inhibitor
Analgesic/mild
Antiviral
Gastrointestinal/anti-TNF
Bronchodilator
Antiosteoporosis/bisphosphonate
Tranquilizer/minor/benzodiazepine
GI/antacid
GI/antacid
Cardiovascular/antiarrhythmic
Cardiovascular/calcium antagonist
Antibiotic/penicillin
Antibiotic/penicillin
Endocrine/aromatase inhibitor
Tranquilizer/major
Analgesic/NSAID
Cardiovascular/beta-blocker
Cardiovascular/cholesterol-lowering
Antibiotic/erythromycin class

Respiratory/steroid inhaler
Tranquilizer/minor
Sedative-hypnotic

Stimulant
Endocrine/thyroid
Anticonvulsant
Antibiotic/cephalosporin
Antibiotic/cephalosporin
Antibiotic/cephalosporin
Analgesic/NSAID
Antibiotic/cephalosporin
Gastrointestinal/anti-TNF

Generic Name (Brand Name)

cetirizine (Zyrtec)
 chlorpheniramine maleate (Chlor-Trimeton)
 chlorpromazine (Thorazine)
 cholestyramine (Questran)
 cimetidine (Tagamet)
 ciprofloxacin (Cipro)
 clarithromycin (Biaxin)
 clopidogrel bisulfate (Plavix)
 clotrimazole (Lotrimin, Mycelex)
 codeine
 colestipol (Colestid)

 dalteparin (Fragmin)
 denosumab (Prolia)
 dexamethasone (Decadron)
 dextroamphetamine and amphetamine (Adderall)
 dextroamphetamine sulfate (Dexedrine)
 diazepam (Valium)
 diclofenac sodium (Voltaren)
 digoxin (Lanoxin)
 diltiazem (Cardizem CD)
 diphenhydramine (Benadryl)
 diphenoxylate + atropine (Lomotil)
 donepezil (Aricept)
 doxycycline

 econazole, topical (Spectazole)
 efavirenz (Sustiva)
 enalapril maleate (Vasotec)
 enoxaparin sodium (Lovenox)
 epinephrine
 erythromycin (Ery-Tab)
 escitalopram (Lexapro)
 estrogen (Premarin, Prempro, Estradiol)
 etanercept (Enbrel)
 ethambutol (Myambutol)
 ether

 famotidine (Pepcid)
 felbamate (Felbatol)
 fexofenadine (Allegra)
 fluconazole (Diflucan)
 flunisolide (AeroBid)
 fluoxymesterone (Halotestin)
 flutamide (Eulexin)
 fluticasone propionate (Flovent)
 formoterol (Foradil)
 formoterol + budesonide (Symbicort)
 fulvestrant (Faslodex)
 furosemide (Lasix)

 gabapentin (Neurontin)
 glipizide (Glucotrol XL)
 glyburide (Diabeta, Micronase)
 goserelin (Zoladex)

Explanation of Use

Antihistamine
 Antihistamine
 Tranquilizer, major/phenothiazine
 Cardiovascular/cholesterol-binding
 GI/antiulcer/anti-GERD
 Antibiotic/quinolone
 Antibiotic/erythromycin class
 Antiplatelet
 Antifungal
 Analgesic/narcotic
 Cardiovascular/cholesterol-binding

 Anticoagulant
 Antiosteoporosis/bisphosphonate
 Respiratory/steroid, intravenous or oral
 Stimulant
 Stimulant
 Tranquilizer/minor/benzodiazepine
 Analgesic/NSAID
 Cardiovascular/anti-CHF
 Cardiovascular/calcium antagonist
 Antihistamine
 GI/antidiarrheal
 Anti-Alzheimer disease
 Antibiotic/tetracycline

 Antifungal
 Anti-HIV
 Cardiovascular/ACE inhibitor
 Anticoagulant
 Bronchodilator
 Antibiotic/erythromycin
 Antidepressant
 Endocrine/estrogen
 Gastrointestinal/anti-TNF
 Antitubercular
 Anesthetic/general

 GI/antiulcer/anti-GERD
 Anticonvulsant
 Antihistamine
 Antifungal
 Respiratory/steroid inhaler
 Endocrine/androgen
 Endocrine/antiandrogen
 Respiratory/steroid inhaler
 Bronchodilator
 Bronchodilator
 Endocrine/aromatase inhibitor
 Cardiovascular/diuretic

 Anticonvulsant
 Antidiabetic (type 2 diabetes)/sulfonylurea
 Antidiabetic (type 2 diabetes)/sulfonylurea
 Endocrine/antiandrogen

Generic Name (Brand Name)

haloperidol (Haldol)
 halothane (Fluothane)
 hydrochlorothiazide (HydroDIURIL)
 hydrocodone w/APAP (Lortab, Vicodin)
 hydromorphone (Dilaudid)

ibuprofen (Motrin, Advil)
 ibutilide (Corvert)
 indinavir (Crixivan)
 infliximab (Remicade)
 insulin aspart (NovoLog)
 insulin detemir (Levemir)
 insulin glargine (Lantus)
 insulin glulisine (Apidra)
 insulin lispro (Humalog)
 insulin NPH (Humulin R)
 insulin regular (Humulin R)
 insulin zinc suspension (Ultralente)
 interferon alfa-n1 (Wellferon)
 ipratropium bromide + albuterol (Combivent)
 irbesartan (Avapro)
 isoniazid *or* INH (Nydrazid)
 itraconazole (Sporanox)

ketorolac (Toradol)

lamivudine (Epivir)
 lansoprazole (Prevacid)
 lepirudin (Refludan)
 letrozole (Femara)
 leuprolide (Lupron)
 levalbuterol (Xopenex)
 levetiracetam (Keppra)
 levofloxacin (Levaquin)
 levothyroxine (Levoxyl, Levothroid, Synthroid)
 lidocaine (Xylocaine)
 lidocaine + prilocaine (EMLA)
 liothyronine (Cytomel)
 lisinopril (Prinivil, Zestril)
 lithium carbonate (Eskalith)
 loperamide (Imodium)
 loratadine (Claritin)
 lorazepam (Ativan)
 losartan (Cozaar)
 lovastatin (Mevacor)

magnesium antacid (milk of magnesia)
 meclizine (Antivert)
 medroxyprogesterone acetate (Cyrin, Provera)
 megestrol (Megace)
 memantine (Namenda)
 meperidine (Demerol)
 metaproterenol (Alupent)
 metformin (Glucophage)

Explanation of Use

Tranquilizer/major
 Anesthetic/general
 Cardiovascular/diuretic
 Analgesic/narcotic
 Analgesic/narcotic

Analgesic/NSAID
 Antiarrhythmic
 Antiviral/protease inhibitor/anti-HIV
 Gastrointestinal/anti-TNF
 Antidiabetic (type 1 diabetes)
 Antidiabetic (type 1 diabetes)
 Antidiabetic (type 1 diabetes)
 Antidiabetic (type 1 diabetes)
 Antidiabetic (type 1 diabetes)
 Antidiabetic (type 1 diabetes)
 Antidiabetic (type 1 diabetes)
 Antidiabetic (type 1 diabetes)
 Antiviral/anti-cancer drug
 Bronchodilator
 Cardiovascular/angiotensin II receptor antagonist
 Antitubercular
 Antifungal

Analgesic/NSAID

Antiviral/reverse transcriptase inhibitor/anti-HIV
 GI/antiulcer/anti-GERD
 Anticoagulant
 Endocrine/aromatase inhibitor
 Endocrine/antiandrogen
 Bronchodilator
 Anticonvulsant
 Antibiotic
 Endocrine/thyroid hormone
 Anesthetic/local
 Anesthetic/local
 Endocrine/thyroid hormone
 Cardiovascular/ACE inhibitor
 Tranquilizer/major
 GI/antidiarrheal
 Antihistamine
 Tranquilizer/minor/benzodiazepine
 Cardiovascular/angiotensin II receptor antagonist
 Cardiovascular/cholesterol-lowering

GI/antacid
 Antihistamine
 Endocrine/progestin
 Endocrine/progestin
 Anti-Alzheimer disease
 Analgesic/narcotic
 Bronchodilator
 Antidiabetic (type 2 diabetes)/biguanide

Generic Name (Brand Name)

methaqualone (Quaalude)
 methylphenidate (Ritalin)
 methylprednisolone (Medrol)
 methyltestosterone (Virilon)
 metoclopramide (Reglan)
 metoprolol (Lopressor, Toprol-XL)
 miconazole (Monistat)
 midazolam (Versed)
 modafinil (Provigil)
 mometasone (Asmanex)
 montelukast sodium (Singulair)

nafcillin (Unipen)
 naproxen (Naprosyn)
 nifedipine (Adalat CC, Procardia)
 nilutamide (Casodex)
 nitroglycerin
 nitrous oxide
 nystatin (Nilstat)

octreotide (Sandostatin)
 ofloxacin (Floxin)
 olanzapine (Zyprexa)
 omeprazole (Prilosec)
 ondansetron (Zofran)
 oxacillin (Bactocill)
 oxycodone (OxyContin, Roxicodone)
 oxycodone with APAP (Roxicet, Endocet, Percocet)

pamidronate disodium (Aredia)
 p-aminosalicylic acid granules (PASER)
 paregoric
 phenobarbital (Luminal)
 phenytoin sodium (Dilantin)
 pioglitazone (Actos)
 pirbuterol (Maxair)
 prasugrel (Effient)
 pravastatin (Pravachol)
 prednisone
 promethazine (Phenergan)
 procaine (Novocain)
 prochlorperazine maleate (Compazine)
 propofol (Diprivan)
 propranolol (Inderal)

quinapril (Accupril)

raloxifene (Evista)
 ramipril (Altace)
 ranitidine (Zantac)
 repaglinide (Prandin)
 ribavirin (Copegus, Rebetol)
 rifampin (Rifadin)
 risperidone (Risperdal)

Explanation of Use

Sedative-hypnotic
 Stimulant
 Respiratory/steroid, intravenous or oral
 Endocrine/androgen
 GI/antinauseant
 Cardiovascular/beta-blocker
 Antifungal
 Sedative-hypnotic
 Stimulant/sleep antagonist
 Respiratory/inhaler
 Respiratory/leukotriene modifier

Antibiotic/penicillin
 Analgesic/NSAID
 Cardiovascular/calcium antagonist
 Endocrine/antiandrogen
 Cardiovascular/antianginal
 Anesthetic/general
 Antifungal

Endocrine/growth
 Antibiotic/quinolone
 Tranquilizer/major/antipsychotic
 GI/antiulcer/anti-GERD
 GI/antinauseant
 Antibiotic/penicillin
 Analgesic/narcotic
 Analgesic/narcotic

Anti-osteoporosis/bisphosphonate
 Antitubercular
 GI/antidiarrheal
 Sedative-hypnotic/anticonvulsant
 Anticonvulsant
 Antidiabetic (type 2 diabetes)
 Bronchodilator
 Antiplatelet
 Cardiovascular/cholesterol-lowering
 Respiratory/steroid, intravenous or oral
 Antihistamine
 Anesthetic/local
 GI/antinauseant
 Anesthetic/general
 Cardiovascular/beta-blocker

Cardiovascular/ACE inhibitor

Endocrine/SERM/antiosteoporosis
 Cardiovascular/ACE inhibitor
 GI/antiulcer/anti-GERD
 Antidiabetic (type 2 diabetes)/meglitinide
 Antiviral
 Antitubercular
 Tranquilizer/major

Generic Name (Brand Name)

rivaroxaban (Xarelto)
rosiglitazone (Avandia)
rosuvastatin calcium (Crestor)

salmeterol (Serevent)
salmeterol + fluticasone (Advair)

simvastatin (Zocor)
sotalol (Betapace)
spironolactone (Aldactone)
sulfamethoxazole + trimethoprim (Bactrim)
sulfisoxazole (Gantrisin)

tamoxifen (Nolvadex)
temazepam (Restoril)
terbinafine (Lamisil)
teriparatide (Forteo)
teriparatide (Forteo)
tetracycline (Sumycin, Terramycin)
theophylline (Theo-Dur)
thiopental (Pentothal)
thioridazine (Mellaril)
ticagrelor (Brilinta)
tiotropium (Spiriva)
tissue plasminogen activator *or* tPA
tramadol (Ultram)
triamcinolone (Aristocort)
triamcinolone (Azmacort)
triamterene (Dyazide)
triazolam (Halcion)
trifluoperazine (Stelazine)

valdecoxib (Bextra)
valproic acid (Depakote)

warfarin (Coumadin)

zafirlukast (Accolate)
zidovudine *or* AZT (Retrovir)
zidovudine + lamivudine (Combivir)
zileuton (Zyflo)
zoledronic acid (Zometa)
zolpidem tartrate (Ambien)

Explanation of Use

Anticoagulant
Antidiabetic (type 2 diabetes)
Cholesterol-lowering statin

Bronchodilator
Corticosteroid anti-inflammatory–bronchodilator combination
Cardiovascular/cholesterol-lowering
Cardiovascular/beta-blocker
Cardiovascular/diuretic
Antibiotic/sulfonamide—antibacterial combination
Antibiotic/sulfonamide

Endocrine/SERM
Sedative-hypnotic/benzodiazepine
Antifungal
Antiestrogen/bisphosphonate
Endocrine/parathyroid
Antibiotic/tetracycline
Bronchodilator
Anesthetic/general
Tranquilizer/major/phenothiazine
Antiplatelet
Bronchodilator
Anticoagulant
Analgesic/narcotic
Glucocorticoid
Respiratory/steroid inhaler
Cardiovascular/diuretic
Sedative-hypnotic/benzodiazepine
Tranquilizer/major/phenothiazine

Analgesic/NSAID
Anticonvulsant

Anticoagulant

Respiratory/leukotriene modifier
Antiviral/reverse transcriptase inhibitor/anti-HIV
Anti-HIV
Respiratory/leukotriene modifier
Antiestrogen/bisphosphonate
Sedative-hypnotic

APPENDIX V

Complementary and Alternative Medicine Terms*

Following is a listing of common complementary and alternative medicine (CAM) terms. A comprehensive listing of CAM terms, as well as more detailed information on some of the terms listed here, can be found in *Mosby's Dictionary of Complementary and Alternative Medicine*.

Note: The practice of any complementary or alternative medicine techniques and the use of any herbal remedies should be approached with caution and care, or under the supervision of a CAM professional or your physician.

acupoints	Particular locations on the body that allow the practitioner to balance the client's qi (life force) to effect therapeutic changes using acupuncture or acupressure.
acupressure	Technique used to release blocked qi (life force) by applying finger pressure to points on meridians.
acupuncture	Practice in Chinese medicine (developed more than 2000 years ago) in which the skin, at various points along meridians, is punctured with needles to remove energy blockages and to stimulate the flow of qi (life force).
aloe	This plant's leaves are used to treat minor burns, wounds, skin and GI disorders, menstrual cramps, premenstrual syndrome, and other ailments.
antioxidants	Substances that may protect cells from damage caused by unstable molecules known as free radicals. Examples of antioxidants are beta-carotene and vitamins C, E, and A.
apiotherapy	Use of products produced by honeybees, including pollen and venom, for therapeutic and pharmacologic purposes.
applied kinesiology	Physical therapy model that draws on various therapeutic schools of thought. The aim of this therapy is the recovery of muscles that are functionally inhibited with respect to normal range of motion and strength (possibly as a result of disturbances in the nervous or neuromuscular system).
aromatherapy	Use of essential oils (extracts and essences) from flowers, herbs, and trees applied topically or inhaled to promote and maintain overall health.

*Excerpts from Jonas WB: *Mosby's Dictionary of Complementary and Alternative Medicine*. St. Louis, Mosby, 2005; and from <http://nccam.nih.gov/health/providers/camterms.htm>, on the website of the National Center for Complementary and Alternative Medicine of the National Institutes of Health.

e2 APPENDIX V COMPLEMENTARY AND ALTERNATIVE MEDICINE TERMS

ayurvedic medicine	Also known as <i>ayurveda</i> —meaning the science (<i>veda</i>) of life (<i>ayu</i>). It is an ancient Indian health system that works to reestablish the balance between the body and the mind (using diet, herbal remedies, meditation, massage, and other modalities).
bilberry	This berry is used to treat myopia, retinal problems, inflammation of the mouth and pharynx, GI disorders, varicose veins, and other ailments.
biofeedback	Process in which equipment sensors provide measurements of body functions (such as heart rate or neural activity), and those signals are displayed to the patient, to permit conscious control of the measured function.
black cohosh	This plant's roots are used to treat symptoms of menopause, menstrual cramps, diarrhea, and other ailments.
chamomile	This plant's dried buds are used to treat inflammatory disease of the GI and upper respiratory tracts and inflammation of the skin and mucous membranes; to promote healing of wounds, rashes, and ulcers (applied topically); and to relieve motion sickness, GI spasms, restlessness, nervousness or insomnia, and other ailments.
chelation therapy	Medical treatment in which heavy metals are flushed from the bloodstream by means of a chelator that binds metal ions; used in cases of mercury or lead poisoning.
chi	In Tibetan medicine, awareness, one of the three functions of the mind, providing the direction for actions.
chiropractic therapy	A health discipline focusing on the relationship between body structure (primarily of the spine) and function. Chiropractors use manipulative therapy to treat the client's back, neck, and limbs.
chondroitin	Naturally occurring substance responsible for cartilage repair and taken as a dietary supplement. Used with glucosamine for knee osteoarthritis.
circadian rhythm	The biologic patterns (of a specific person) within a 24-hour cycle, over the course of a day.
coenzyme Q10	A compound, made naturally in the body, that is used for cell growth and to protect cells from damage. The dietary supplement is used to help the immune system work better, especially during the treatment of cancer and heart failure.
complementary and alternative medicine (CAM)	A group of diverse medical and health care systems, practices, and products that at present are not considered part of conventional or mainstream medicine. Complementary medicine is used <u>together with</u> conventional medicine (e.g., aromatherapy to lessen patient discomfort after surgery). Alternative medicine is used <u>in place of</u> conventional medicine (e.g., patient may choose to follow a special diet to address ADHD symptoms, rather than drug therapy).
dehydroepiandrosterone (DHEA)	A hormone precursor that exists naturally in yams. Used to slow the effects of aging, to support or improve memory, and to treat erectile dysfunction, depression, osteoporosis, and atherosclerosis.
echinacea	This plant's roots, flowers, and leaves are used to treat upper respiratory and urinary tract infections, allergic rhinitis, and other ailments, and to promote wound healing.
electromagnetic fields (EMFs)	Invisible lines of force that surround all electrical devices. Bioelectromagnetic-based therapies involve unconventional use of electromagnets, such as pulsed fields and magnetic currents, to treat chronic disease or to manage pain, especially migraine headaches.
ergonomics	Applied study of psychology, anatomy, and physiology relating to people and work environments.
folate	A water-soluble B vitamin that occurs naturally in food. Folic acid is the synthetic form of folate that is found in supplements and added to fortified foods. Folate helps produce and maintain new cells. This is especially important during periods of rapid cell division and growth, such as infancy and pregnancy.

garlic	This plant's bulbs are used to manage and treat hypercholesterolemia (elevated cholesterol levels), atherosclerosis, hypertension, upper respiratory tract infections, and other conditions.
ginger	This plant's roots are used to manage and treat nausea and vomiting, motion sickness, and other conditions.
ginkgo (<i>Ginkgo biloba</i>)	This plant's leaves are used to manage and treat Alzheimer disease, dementia, depression, asthma, retinal disease, heart disease, peripheral arterial occlusive disease, varicose veins, premenstrual syndrome, tinnitus, and other conditions.
ginseng	This plant's roots are used to manage and treat fatigue, stress, mild depression, decreased libido, and other conditions and ailments.
glucosamine	An amino sugar that the body produces and distributes in cartilage and other connective tissue. Glucosamine is used alone and in conjunction with chondroitin sulfate to treat knee osteoarthritis.
guided imagery	Directed relaxation and visualization, as well as exercises in self-relaxation and other beneficial practices, to support changes in health.
herbalism	Study and practice of using plants to treat illnesses and promote health; also called <i>botanical medicine</i> or <i>phytotherapy</i> .
homeopathy	System of treating disease based on administration of highly diluted substances that aim to trigger the body's immune response.
hydrotherapy	A therapeutic modality that uses water, such as whirlpools or sitz baths.
integrative medicine	Combines mainstream medical therapies and CAM therapies for which there is some evidence for safety and effectiveness.
kava	This plant's rhizomes and roots are used to treat anxiety, restlessness, fibromyalgia, tension headaches, insomnia, alcohol dependence, and other ailments.
kinesiology	Study of the body's structure and processes as they relate to movement.
lymphatic drainage	A specific type of massage that supports and assists circulation in the lymphatic system.
macrobiotic diet	Designed to bring yin/yang energies into balance, the macrobiotic diet, developed by Michio Kushi, is part of a larger lifestyle/philosophy and whole-body regimen.
manipulation	In massage therapy, osteopathic medicine, chiropractic, and traditional Chinese medicine, the use of various manual techniques to adjust the joints and spinal column, improve the range of motion of the joints, relax and stretch connective tissue and muscles, and promote overall relaxation.
massage therapy	The application of diverse manual techniques of touch and stroking to muscles and soft tissue to achieve relaxation and to improve sense of well-being.
meditation	Directing one's attention toward a symbol, sound, thought, or breath to alter the state of consciousness, to attain a state of relaxation and stress relief; used for spiritual growth, healing, deepening concentration, and unlocking creativity.
melatonin	Hormone secreted from the pineal gland and thought to regulate circadian rhythms; also used in supplement form as a sleep aid.
meridians	In acupuncture, a system of pathways or channels running through the body that connect vital organs and carry qi.
milk thistle	This plant's seeds are used to make a tea to treat liver and gallbladder disease, hepatitis, and dyspepsia, and to support the liver during transplantation recovery.
mistletoe	Leafy shoots and berries of mistletoe are used to make extracts that can be taken by mouth. Mistletoe has been used for centuries to treat seizures, headaches, and other conditions. Clinical trials are ongoing for possible effects on cancer treatment.

e4 APPENDIX V COMPLEMENTARY AND ALTERNATIVE MEDICINE TERMS

naturopathy	Therapeutic system that relies on using natural agents such as light, natural foods, warmth, massage, and fresh air. Naturopaths believe in the power of the body's natural processes to heal illnesses.
omega-3 fatty acids	A group of polyunsaturated fatty acids that come from food sources such as fish, fish oil, some vegetable oils (primarily canola and soybean), walnuts, wheat germ, and certain dietary supplements.
osteopathy	A form of medicine that uses joint manipulation, physical therapy, and postural reeducation to restore the structural balance of the musculoskeletal system.
qi	The body's life force. In Chinese philosophy, qi is the force that flows through channels in the body and enlivens all living beings; an imbalance in qi is believed to cause illness.
qi gong	Cultivation of qi. <i>Qi gong</i> (chē-GÜNG) is the general term for all Chinese techniques of breathing, visualization, and movement, the purpose of which is the promotion of balanced qi (vital energy) flow for enhanced immune function and blood flow.
reflexology	A natural healing system based on the principle that reflexes in the hands and feet correspond to various organs and body systems; stimulating such reflexes by applying pressure on hands and feet improves circulation, thereby optimizing body functions.
Reiki	A system of spiritual healing/energy medicine developed by Japanese physician Dr. Mikao Usui. Reiki (RĀ-kē) is a Japanese word representing universal life energy. It is based on the belief that when spiritual energy is channeled through a Reiki practitioner, the patient's spirit is healed, which then heals the physical body.
Rolfing	A 10-session manual therapy developed to optimize the body's movement and alignment and coordination with the forces of gravity, for relief of muscular and emotional tension.
selenium	A trace mineral that is essential to good health but required only in small amounts. Selenium is incorporated into proteins to make selenoproteins, which are important antioxidant enzymes. The antioxidant effects of selenoproteins help prevent cellular damage from free radicals. Free radicals are natural byproducts of oxygen metabolism that may contribute to the development of chronic diseases such as cancer and heart disease.
shiatsu	A type of massage developed in Japan; it consists of the application of pressure to specific points on the human body with the palms and thumbs.
soy	Soybeans ingested in various forms may support healthy body tissues by neutralizing free radicals. Soy may offer a diversity of antioxidant mechanisms.
St. John's wort	This plant's flowers may be used to treat mild to moderate depression, anxiety, sleep disorders, and other ailments.
tai chi	In traditional Chinese medicine, a family of health-promoting exercises that provide benefits for the body, mind, and spirit by maintaining balance between the yin and yang components; these exercises comprise flowing movements that imitate the motions and forms of animals, all of which share fundamental elements rooted in qi gong.
valerian	This plant's rhizomes and roots are used to treat sleeping disorders, nervousness, anxiety, restlessness, irritable bowel syndrome, and other ailments.
yin/yang	Governing theory behind traditional Chinese medicine: the idea that life is filled with opposite yet complementary characteristics and qualities on the spiritual and physical levels and on the macro and micro levels. The concept is that each entity can be essentially itself and its opposite; additionally, yang's "seed" is believed to be contained within yin; a balance of yin and yang is considered essential for good health, whereas an imbalance can manifest as disease.

yoga	A family of mind-body disciplines that share the goals of the integrated body and mind or the union of the self with the divine. All yogic systems are aimed at nurturing the body through breath and posture and cultivating the mind through meditation.
zinc	An essential mineral, found in almost every cell, that stimulates the activity of approximately 100 enzymes, which are substances that promote the body's biochemical reactions. Zinc supports a healthy immune system, is needed for wound healing, helps maintain sense of taste and smell, and is needed for DNA synthesis. Zinc also supports normal growth and development during pregnancy, childhood, and adolescence.

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INDEX

A

A-, 14, 109, 941
 AAA (abdominal aortic aneurysm), 421, 421f, 432
 Ab-, 109
 AB (abortion), 286
 Ab (antibody), 118-119
 Abbreviations
 for blood system, 524-525
 for digestive system, 200
 for ear, 725
 for endocrine system, 777
 for eye, 716
 for female reproductive system, 288
 for lymphatic and immune systems, 563
 for male reproductive system, 326
 for musculoskeletal system, 621
 for nervous system, 374
 for oncology, 827
 for pharmacology, 901
 for radiology and nuclear medicine, 865
 for respiratory system, 481-482
 for skin, 674
 for urinary system, 237
 ABCDEs of melanoma (asymmetry, border, color, diameter, evolution), 673f
 Abdomen, 45, 46-47, 159
 combining form for, 53, 74, 75, 153, 156
 laparoscopy of, 199
 Abdominal, 53
 Abdominal aorta, 401f
 Abdominal aortic aneurysm (AAA), 421, 421f, 432
 Abdominal cavity, 41f, 42f, 43f, 259f
 Abdominal ultrasonography, 196
 Abdominal viscera, 39
 Abdomin/o, 53, 74
 Abdominocentesis, 199
 Abdominopelvic cavity, 43f, 44f
 Abdominopelvic quadrants, 46-47, 49
 Abdominopelvic regions, 46-47, 49
 Abdominoplasty, 188
 Abducens nerve (CN VI), 346f
 Abduction, 613, 614, 858
 Abductor, 110
 ABCs (arterial blood gases), 481
 Abilify. *See* Aripiprazole
 Ablation
 catheter, 414, 430
 radiofrequency, 854
 abl oncogene, 801
 ABMT (autologous bone marrow transplantation), 520, 524f, 824
 Abnormal, 158
 prefix for, 112, 114, 942
 suffix for, 514
 Abnormal involuntary movement scale (AIMS), 934, 942

ABO (blood types), 508
 Abortion (AB), 113, 116, 286
 Abrasion, 658
 corneal, 703
 Abraxane. *See* Paclitaxel plus albumin
 Abruptio placentae, 280
 Abscess, 84, 164, 662
 pulmonary, 473
 Absence seizures, 365, 371
 Absolute neutrophil count (ANC), 524
 Absorption, 140, 150
 ABMT (autologous bone marrow transplantation), 520, 524
 -ac, 13, 83
 A_{1c}. *See* HbA_{1c} (glycosylated hemoglobin) test, 775
 a.c., ac (ante cibum; before meals), 110, 903
 AC (acromioclavicular joint), 621
 Acarbose, 890t
 Accessory nerve (CN XI), 346f
 Accessory organs, of reproduction, 261
 Accessory structures of skin, 654-655
 Accommodation, 697, 700
 Accupril. *See* Quinapril
 Accutane. *See* Isotretinoin
 ACE (angiotensin-converting enzyme) inhibitors, 892, 893t, 899
 Acetabular, 596
 Acetabular components, of total hip arthroplasty, 618f
 Acetabul/o, 596
 Acetabulum, 591t, 592, 596
 Acetaminophen (APAP), 376, 885t
 Acetone, 226, 229
 Acetylcholine, 344, 349, 355
 Acetyl-p-aminophenol. *See* APAP (acetaminophen)
 Achalasia, 162
 Achilles tendon, 612f
 Achlorhydria, 158
 Achondroplasia, 80, 80f, 604
 Acid-fast bacillus (AFB), 481
 Acid phosphatase, 824
 ACL (anterior cruciate ligament of knee), 603f, 624
 ACLS (advanced cardiac life support), 432
 Acne, 656, 664
 Acne vulgaris, 664, 665f
 Acous/o, 720
 Acoustic, 720
 Acoustic neuroma, 722
 Acquired immunodeficiency syndrome (AIDS), 368, 557-559, 559f, 562, 563, 572, 672
 opportunistic infections with, 558t
 Acr/o, 74, 925
 Acromegaly, 86, 87f, 773
 Acromioclavicular joint (AC), 618
 Acromion, 589, 592
 Acrophobia, 79, 925, 941t
 ACSs (acute coronary syndromes), 418, 424

ACTH (adrenocorticotrophic hormone), 756, 757f, 759
 Actinic keratoses, 670, 671f
 Activities of daily living (ADLs), 942
 Actos. *See* Pioglitazone
 Acu/o, 74
 -acutis, 721
 Acute, 83
 Acute bacterial conjunctivitis, 702f
 Acute coronary syndromes (ACSs), 418, 424
 Acute cystitis, 223, 222f
 Acute lymphocytic leukemia (ALL), 519, 519f, 524, 815t
 Acute myelogenous (myelocytic) leukemia (AML), 518, 519f, 815t
 Acute myocardial infarction (AMI), 418f, 432
 Acute otitis media, 722f, 723, 725
 Acute paronychia, 661f
 Acute promyelocytic leukemia (APL), 817
 Acute renal failure (ARF), 231
 Acute respiratory distress syndrome (ARDS), 481
 Acute rheumatic mitral valvulitis, 420f
 Acyclovir, 887t
 Ad-, 110
 AD (Alzheimer disease), 364, 364f, 372f, 926
 Adaptive immunity, 551-553, 551f, 553
 Addiction, 886, 897
 Addison disease, 769
 Additive action of drugs, 897
 Adduction, 613, 614, 858
 Adductor, 110
 Adenectomy, 762
 Adenitis, 6
 Aden/o, 74, 762
 Adenocarcinoma, 275, 276, 321
 of colon, 164
 of colon or rectum or both, 164
 cystic ovarian, 806f
 Adenohypophysis, 755
 Adenoidectomy, 463
 Adenoid hypertrophy, 463
 Adenoid/o, 463
 Adenoids, 88, 462, 463, 548f, 549, 551, 553
 Adenoma, 6, 804
 Adenomatous goiter, 766, 775t
 Adenomatous polyposis coli syndrome, 802
 Adenomatous polyposis of colon, 807f
 Adenopathy, 14
 Adenosine diphosphate (ADP), 432
 Adenosine diphosphate (ADP) inhibitor, 904.e1
 ADH (antidiuretic hormone), 227, 231, 247, 756, 757f, 760, 764, 774, 775
 ADHD (attention-deficit hyperactivity disorder), 936
 Adip/o, 53, 74, 658
 Adipocytes, 654, 657
 Adipose, 53, 66, 658
 Adipose tissue, 38
 Adjective suffixes, 83
 Adjuvant chemotherapy, 810
 Adjuvant therapy, 814, 818

- ad lib (ad libitum; freely, as desired), 903
- ADLs (activities of daily living), 942
- Administration of drugs, 882-883
- Adnexa, 260
- Adnexa uteri, 266
- ADP (adenosine diphosphate), 432
- ADP (adenosine diphosphate) inhibitor, 904.e1
- Adrenal cortex, 752, 753f, 759, 768-769
 - abnormal conditions of, 775t
 - hormones produced by, 758t
 - hypersecretion, 768
 - hyposecretion, 769
- Adrenalectomy, 762
- Adrenal glands, 110, 110f, 748, 752-753, 752f, 758t, 804t
 - combining form for, 762
 - function of, 753
 - location of, 3f, 752f
- Adrenal hormones, 758t
- Adrenaline, 346, 753, 753f, 758, 759, 760
- Adrenal medulla, 752, 759, 769
 - abnormal conditions of, 775t
 - hormones produced by, 753f, 758t
 - hypersecretion, 769
- Adrenal/o, 762
- Adrenal virilism, 768
- Adren/o, 762
- Adrenocorticotrophic hormone (ACTH), 756, 757f, 759
- Adrenocorticotropin, 756, 759
- Adriamycin. *See* Daunorubicin
- AD (right ear), 724f, 725
- Advair Diskus. *See* Salmeterol-fluticasone
- Advanced cardiac life support (ACLS), 432
- AEDs (automatic external defibrillators), 414
- Aer/o, 901
- Aerophobia, 941t
- Aerosols, 897
- Af-, 355
- AF (atrial fibrillation), 414, 429f
- AFB (acid-fast bacillus), 481
- Affect, 936
- Afferent nerves, 344, 345f, 349, 355
- Afferent neurons, 352f
- a-fib (atrial fibrillation), 414, 429f
- AFP (alpha-fetoprotein), 824
- Afterbirth, 264
- After (p; post), 115
- After meals (p.c., pc; post cibum), 158, 903
- Age-related macular degeneration (AMD), 716
- Aging
 - and osteoporotic changes in spine, 601f
 - and presbycusis, 721, 723
 - presbyopia and, 707
 - sarcopenia and, 616
- agon, 765
- Agora-, 940
- Agoraphobia, 79, 925, 940
- agra, 606
- Agranulocytes, 85
- AIDS (acquired immunodeficiency syndrome), 368, 557-559, 559f, 559t, 562, 563, 672
 - opportunistic infections with, 558t
- Ailurophobia, 941t
- AIMS (abnormal involuntary movement scale), 934, 942
- Airway, 478
- Akinetic, 361
- al, 13, 83
- Alanine transaminase (ALT), 193
- Albinism, 658
- Albino, 653, 657
- Albin/o, 658
- Albumin, 226, 228, 506, 510
- Albumin/o, 226
- Albuminuria, 226, 228
- Albuterol, 893t, **904e**
- Alcohol, 932f
- Alcohol dependence, 930, 932f
- Alcoholic cirrhosis, 168f
- Aldosterone, 753, 760, 769
- Alendronate, 767, 778, 891t, **904e**
- algnesia, 359
- Alges/o, 359, 891
- algia, 13, 360
- Algophobia, 941t
- Alimta. *See* Pemetrexed
- Alkaline, 228
- Alkaline phosphatase (alk phos), 193
- Alkalosis, 604
- Alkeran. *See* Melphalan
- Alk phos (alkaline phosphatase), 193
- Alkylating agents, 814, 815t, 817f, 818
 - cancers treated by, 815t
- ALL (acute lymphocytic leukemia), 519, 519f, 524, 815t
- Allegra. *See* Fexofenadine
- Allergen, 560, 562
- Allergic rhinitis, 560
- Allergy, 560
- All/o, 524, 824
- Allogeneic marrow transplantation, 824
- Allogeneic transplants, 523, 524f
- All-trans-retinoic acid (ATRA), 817, **817e**
- Alopecia, 664, 813
- Alopecia areata, 664
- Alpha-adrenergic blocker, 904.e1
- Alpha cells, 754
- Alpha-fetoprotein (AFP), 824
- Alpha-glucosidase, 902t
- Alpha-glucosidase inhibitors, 891
- Alpha particles, 848, 858
- Alprazolam, 896t, 931, 935f
- ALS (amyotrophic lateral sclerosis), 364, 616
- Altace. *See* Ramipril
- ALT (alanine transaminase), 193
- Aluminum and magnesium antacid, 895t
- Aluminum antacid, 895t
- Alveolar, 463, 807, 821
- Alveolar duct, 459f
- Alveolar tumor cells, 807
- Alveol/o, 463, 821
- Alveolus(i), 460, 462, 463, 471, 473, 584
- Alzheimer disease (AD), 364, 364f, 372f, 926, Ambien. *See* Zolpidem tartrate
- Ambly/o, 705
- Amblyopia, 705, 711
- AMD (age-related macular degeneration), 716
- Amenorrhea, 270
- AMI (acute myocardial infarction), 418f, 432
 - amine, 901
- Amino acids, 140, 150
- Aminosalicic acid, 889t
- Amiodarone, 893t
- Amitriptyline, 890t, 935f
- AML (acute myelogenous (myelocytic) leukemia), 518, 815t
- Amlodipine, 893t, **904e**
- Amlodipine besylate, 893t
- Amnesia, 923, 926, 936
- Amni/o, 74, 268
- Amniocentesis, 76, 77f, 287
- Amnion, 74, 263, 263f, 266, 268,
- Amniotic cavity, 263f
- Amniotic fluid, 263, 287
- Amoxicillin, 889t
- Amoxicillin trihydrate, 889t
- Amoxicillin with clavulanate, 889t
- Amoxil. *See* Amoxicillin; Amoxicillin trihydrate
- Amphetamines, 899, 906, 938
 - dependence on, 931, 932f
- Amphotericin B, 889t
- Emprenavir, 559
- Ampule, 885f
- Ampulla of Vater, 147f
- Amylase, 149, 150, 193
- Amylase and lipase tests, 193
- Amyl/o, 157
- Amyloid, 364
- Amyloid, Alzheimer disease associated with, 364
- Amyotrophic lateral sclerosis (ALS), 364, 616
- An-, 14, 109, 941
- Ana-, 56, 110, 557, 823, 902
- ANA (antinuclear antibody test), 617
- Anabolic steroids, 328
- Anabolism, 36, 37, 54
- Anafranil. *See* Clomipramine
- Anal fissure, 662
- Anal fistula, 164
- Analgesic(s), 899
- Analygesic drugs, 887
- Analysis, 110
- Anaphylactic shock, 891
- Anaphylaxis, 562, 557, 886, 897
 - systemic, 560
- Anaplasia, 799, 801, 818
- Anaplastic malignant cells, 801
 - of skeletal muscle, 798f
- Anastomosis(es), 154f, 155
 - arterial, 410
- Anastrozole, 279, 816, 894t
- ANC (absolute neutrophil count), 524
- Andr/o, 317, 762
- Androgens, 317, 753, 758, 760, 768, 894t, 892-893, 899
- Androphobia, 941t
- Anemia, 14, 77, 512, 515, 516
 - abnormal cell in, 515f
 - hypochromic, 512
 - iron deficiency, 77, 515
- Anencephaly, 358
- Anesthesia, 360
 - spinal, 361f
- Anesthetics, 360, 885t, 886, 897
- Aneurysm, 370, 371, 421
 - aortic, 421
 - cerebral, 370f
- Angina, unstable, 418, 419f, 424
- Angina pectoris, 424
- Angi/o, 74, 409
- Angio (angiography), 425, 852
- Angioedema, 670
- Angiogenesis, 816, 818
- Angiogram
 - coronary, 853f
 - fluorescein, 712f
- Angiography, 419, 425, 852
 - cerebral, 371
 - computed tomography (CTA), 476
 - coronary, 852f
 - CT pulmonary, 476
 - digital subtraction (DSA), 426, 853
 - fluorescein, 712
 - magnetic resonance (MRA), 372, 428, 867
 - renal, 232
- Angioplasty, 80, 422, 436
 - renal, 235
- Angiosarcoma, 805t
- Angiotensin-converting enzyme (ACE)
 - inhibitors, 417, 419, 424, 892, 893t, 899
- Angiotensin II receptor antagonist, 904.e1
- Angiotensin II receptor blockers (ARBs), 892, 893t, 899
- Anhidrosis, 658
- Animal, 319, 883
- Anis/o, 512, 702
- Anisocoria, 702, 703f
- Anisocytosis, 512, 515f
- Ankle, 591t
- Ankle joint, 590
- Ankyl/o, 604
- Ankylosing spondylitis, 606
- Ankylosis, 604, 606, 723
- Annulus fibrosus, 609f
- An/o, 153
- Anorexia, 159, 926-927
- Anorexia nervosa, 159, 926, 936
- Anosmia, 467
- Anovulatory, 270
- Anoxia, 109, 411

- Anoscopy, 198
 Antacids, 894, 895t, 899
 Antagonistic action of drugs, 886, 897
 Ante-, 110
 Ante cibum (a.c., ac; before meals), 110, 903
 Anteflexion, 110
 Antepartum, 110
 Anterior, 50, 53
 Anterior chamber of eye, 697, 700
 Anterior cruciate ligament of knee (ACL), 603f, 624
 Anterior lobe of pituitary, 773
 hormones produced by, 755f, 756f, 757f
 pathology of, 773-775
 Anterior (ventral), 50
 Anter/o, 53
 Anteroposterior (AP) view, 859, 859f, 867
 Anthrac/o, 472, 659t
 Anthracosis, 472, 473f, 475
 Anti-, 111, 902
 Antiallergy drug, 904.e1
 Anti-Alzheimer drugs, 890
 Antiandrogens, 893, 895t, 899
 Antiangiogenic drugs, 816
 Antianxiety agents, 934, 935f
 Antiarrhythmics, 892, 893t, 899
 Antibiotics, 817f, 818, 886, 887t, 899
 chemotherapeutic, 814
 Antibody(ies), 118-118, 505, 508t, 510, 533, 551, 553, 555, 817
 labeled, 821
 monoclonal. *See* Monoclonal antibodies (MoAb)
 Anticholinesterase drugs, 366
 Anticoagulant(s), 419, 422, 886, 888t, 899,
 Anticonvulsants, 889, 890t, 935f, 936
 Antidepressants, 890, 890t, 899, 934, 935f
 Antidiabetics, 890t, 891, 899
 Antidiarrheal drugs, 894, 895t, 899
 Antidiuretic hormone (ADH), 227, 231, 247, 756, 757f, 760, 764, 774, 775
 Antidotes, 882, 897
 Antiemetic(s), 891, 894, 895t, 899
 Antifungal medications, 888, 889t
 Anti-gastrointestinal reflux disease drugs, 895t
 Antigen-antibody reaction, Rh condition as, 118
 Antigens, 118-119, 505, 508t, 510, 551, 553, 560,
 blood types with, 508
 Antiglobulin test, 520
 Antihistamines, 891, 891t, 899
 Antihypertensives, 897
 Anti-inflammatory drugs, for asthma, 470
 Antimetabolites, 814, 817f, 818
 cancers treated by, 815t
 Antimitotics, 816, 817f, 818
 cancers treated by, 815t
 Antinauseants, 894, 895t, 899
 Antinuclear antibody test (ANA), 617
 Anti-obsessive-compulsive disorder agents, 934, 935f
 Antiosteoporosis drugs, 891t, 892
 Antipanic agents, 934, 935f
 Antiplatelet drugs, 888, 899
 Antipruritics, 885
 Antipsychotics, 934, 935f, 938
 Antirheumatic drugs, 606
 Antipyretic, 901
 Antisepsis, 885
 Antisocial personality disorder, 928
 Antitoxin, 551
 Antitubercular drugs, 889t
 Anti-tumor necrosis factor (TNF) drugs, 894, 895t
 Antiulcer drugs, 894, 899
 Antivert. *See* Meclizine
 Antivirals, 888, 889t, 899
 Antrum of stomach, 145
 Anuria, 227
 Anus, 146, 150, 153, 157
 Anvil bone, 719
 Anxiety, 923, 939
 source of, 941t
 Anxiety disorders, 925-926, 932t, 936
 Anxi/o, 939
 Anxiolytic(s), 931, 939
 dependence on, 931-933
 AOM (acute otitis media), 725
 Aorta, 401, 401f, 408, 409, 415,
 shift to right, 416
 Aortic aneurysms, 421, 421f
 Aortic stenosis (AS), 409, 432
 Aortic valve, 402, 404f, 405f
 Aortic valve replacement (AVR), 432
 Aort/o, 409
 AP (anteroposterior), 859, 859f, 867
 APAP (acetaminophen), 376, 885t
 Apart, preface for, 900
 Apathy, 923, 936
 APC gene, 803t
 Apex of lung, 459f, 460, 462
 Apex of the heart, 404f, 408, 413f
 Apgar scoring chart, 281
 Aphakia, 704
 Aphasia, 361
 Apheresis, 522
 -apheresis, 513
 Aphthous stomatitis, 161
 Apical, 462
 Apiphobia, 941t
 APL (acute promyelocytic leukemia), 817
 Aplastic anemia, 77
 Apnea, 468
 sleep, 468
 Apo-, 823
 Apocrine sweat glands, 656f, 657,
 Apoptosis, 801, 814, 818
 Appearance
 of prostate biopsy specimen, 321
 of urine, 228
 Appendectomy, 153
 Appendicitis, 153f
 Appendic/o, 153
 Appendix, 146, 150, 153
 Append/o, 153
 Appetite, lack of, 159
 Apraxia, 362
 Aque/o, 702
 Aqueous humor, 697, 700, 700f, 709f
 -ar, 83
 ara-C. *See* Cytarabine
 Arachnoid membrane, 354, 355
 Arachnophobia, 941t
 Aranesp. *See* Darbepoetin alfa
 ARBs (angiotensin II receptor blockers), 892, 893t, 894t, 903
 -arche, 271
 Arch of aorta, 401f
 ARDS (acute respiratory distress syndrome), 481
 Aredia. *See* Pamidronate disodium
 Areola, 261, 266
 ARF (acute renal failure), 231
 Argatroban, 890t
 Argon laser, 715
 Aricept. *See* Donepezil
 Arimidex. *See* Anastrozole
 Aripiprazole, 894t, 935f
 Arm
 biceps, 612f
 bones of, 589-590
 Armpit, 74
 Aromatase inhibitors, 279, 816, 893, 894t, 899
 Arrhythmia, 412, 429, 430
 Arrhythmogenic right ventricular dysplasia (ARVD), 432
 Arsenic trioxide, 817, **817e**
 Arterial anastomosis, 409
 Arterial blood gases (ABGs), 481
 Arteri/o, 74, 409
 Arteriography, 425
 Arterioles, 82, 82f, 218, 221, 398, 401, 408
 Arteriosclerosis, 80
 Arteriovenous fistula, 234
 Arteriovenous malformation (AVM), 373, 812
 Arter/o, 409
 Artery(ies), 74, 82f, 218, 218f, 222, 235, 375f, 398, 399f, 400, 401, 402, 408, 409, 417, 421, 422, 431,
 Arthralgia, 7, 74
 Arthritis, 7, 604, 606
 Lyme, 610
 rheumatoid, 111, 637f
 Arthr/o, 7, 74
 Arthrocentesis, 618
 Arthrodesis, 605
 Arthrography, 618
 Arthroplasty, 604, 618
 total hip, 618f
 Arthroscopy, 619
 knee, 619f
 Arthrotomy, 604
 Articular cartilage, 580, 592, 603, 606
 Articulation, 603
 Articul/o, 604
 Artificial heart valve, 420f
 ARVD (arrhythmogenic right ventricular dysplasia), 432
 -ary, 83
 Aryepiglottic fold, 460f
 AS (aortic stenosis), 409, 432
 Asbest/o, 474
 Asbestos, exposure to, 474
 Asbestosis, 472, 475
 Ascending aorta, 401, 401f
 Ascending colon, 146, 149f, 150
 Ascites, 159, 159f, 276
 Ascorbic acid, 900t
 ASCT (autologous stem cell transplantation), 524
 ASD (atrial septal defect), 416
 ASD (autism spectrum disorder), 942
 As desired (ad lib; ad libitum), 903
 -ase, 158
 Aseptic meningitis, 368
 AS (left ear), 724f, 725
 As needed (p.r.n., prn; pro re nata), 903
 Aspartate transaminase (AST), 193, 200
 Asperger syndrome, 928
 Aspermia, 318, 319
 Asphyxia, 468
 Aspirate, bone marrow, 522, 523f
 Aspiration, 284, 810
 Aspiration needle biopsy, 810
 Aspiration pneumonia, 473
 Aspirin, 376, 419, 606, 885t, 888t
 Asplenia, 557
 Assemble, suffix for, 765
 AST (aspartate transaminase), 193, 200
 -asthenia, 616
 Asthma, 469, 470, 560
 Astigmatism, 706, 707f, 715
 Astrocytes, 349, 355
 Astrocytoma, 368, 371, 805t
 Astroglial cells, 349, 349f
 Asymmetry, scapular, 595f
 Asymptomatic, 230
 Ataxia, 362
 At bedtime (h.s., hs; hora somni), 903
 Atelectasis, 466f, 467, 467f, 471,
 Atenolol, 778, 893t
 Atherectomy, 422
 Ather/o, 410
 Atheroma, 410
 Atherosclerosis, 369, 410, 411f, 417, 772,
 occlusive, 772f
 Athlete's foot, 661f
 -ation, 822
 Ativan. *See* Lorazepam
 Atopic dermatitis, 560, 666, 666f
 Atopy, 560, 562
 Atorvastatin, 425, 893t, **904e**
 ATRA (all-trans-retinoic acid), 817, **817e**

Atresia, 190
 Atrial, 410
 Atrial fibrillation (AF), 414, 429f
 Atrial flutter, 414, 429f
 Atrial septal defect (ASD), 416
 Atri/o, 410
 Atrioventricular (AV, A-V), 406, 408, 410, 412, 432
 Atrioventricular block, 412
 Atrioventricular bundle, 406, 408, 412
 Atrioventricular node (AV node), 406, 408
 Atrium(a), 402, 408, 410, 416
 Atrophy, 82, 616
 bone, 607f
 Atropine, 703
 Attention-deficit hyperactivity disorder (ADHD), 936
 Attraction, 514, 940
 Atypical antidepressants, 934, 935f
 Atypical antipsychotics, 934, 935f, 938
 Audi/o, 720
 Audiogram, 724
 Audiologist, 720
 Audiometer, 721
 pure-tone, 724f
 Audiometry, 724
 Audit/o, 720
 Auditory, 716, 719
 Auditory canal, 716, 718f, 719
 Auditory meatus, 716, 719
 Auditory nerve fibers, 717, 718f, 719
 Auditory tube, 716-717, 719, 720
 Augmentin. *See* Amoxicillin with clavulanate
 Aura, 365, 370, 371
 Aural, 720
 Auricle, 716, 719
 Auricul/o, 720
 Auris dextra (right ear; AD), 725
 Auris sinistra (left ear; AS), 725
 Aur/o, 720
 Auscultation, 411, 424, 469
 Aut-, 14
 Autism, 928, 936, 943-944
 Autism spectrum disorder (ASD), 942
 Autologous bone marrow transplantation (ABMT), 520, 524
 Auto-, 939
 Auto/o, 14, 111
 Autoimmune disease, 111, 550, 556, 770, 894
 IDDM, 770
 SLE, 610
 Autoimmune thrombocytopenic purpura, 518
 Autologous bone marrow transplantation (ABMT), 520, 524f, 824
 Autologous stem cell transplantation (ASCT), 828
 Autologous transfusion, 522
 Automatic external defibrillators (AEDs), 414
 Automatic implantable cardioverter-defibrillator (AICD), 430
 Autonomic nervous system, 345, 355
 Autopsy, 14
 Avandia. *See* Rosiglitazone
 Avapro. *See* Irbesartan
 Avastin. *See* Bevacizumab
 Away, prefix for, 823
 AV (atrioventricular), 432
 Aventyl. *See* Nortriptyline
 AVM (arteriovenous malformation), 373, 812
 AV node (atrioventricular node), 406, 408
 AVR (aortic valve replacement), 432
 Axial plane, 52
 Axillary, 549, 554
 Axillary artery, 401f
 Axillary lymph nodes, 554
 Axill/o, 74
 Axon, 348, 355
 Azathioprine, 556
 Azidothymidine (AZT), 889t
 Azithromycin, 887t

Azoospermia, 319
 Azotemia, 226
 Azot/o, 226
 AZT (azidothymidine), 889t
B
 B cell (lymphocyte), 549, 550, 551, 552f, 553f, 554
 Ba (barium), 854, 867
 Bacillus(i), 474, 475
 Backbone, 591t
 Back (positional term), 55
 Back (spinal column), divisions of, 48-49
 Backward, prefix for, 116, 273, 823
 Bacteria
 berry-shaped, 76, 84, 323
 coccal, 85f
 combining form for, 223
 lymphocytes and, 546
 phagocytosis of, 505f
 spiral-shaped, 324
 Bacterial analyses, of skin, 888
 Bacterial endocarditis, 420
 Bacterial infection, dysentery, 165
 Bactericidal, 888, 889t, 899,
 Bacteri/o, 226
 Bacteriostatic, 888, 889t, 899,
 Bacteriuria, 226
 Bactocill. *See* Oxacillin
 Bactrim. *See* Sulfamethoxazole with trimethoprim
 Bad, prefix for, 114
 Balance, 718, 723
 Balanitis, 317
 Balan/o, 317
 BAL (bronchioalveolar lavage), 481
 Balloon catheter, 412, 419, 431, 431f
 in renal angioplasty, 235
 Band cells, 503f
 Bands (immature white blood cells), 524
 Barbiturates, 896, 906, 931
 Bariatric surgery, 197
 Barium enema (BE), 854
 Barium sulfate, 854
 Barium swallow, 194
 Bar/o, 197
 Barrett esophagus, 162
 Bartholin glands, 259, 266, 268
 Bartholinitis, 268
 Bartholin/o, 268
 Basal/bolus, 777
 Basal cell carcinoma, 672, 676, 804t
 Basal ganglia, 367
 Basal insulin, 770f
 Basal layer, 652, 657
 Base, combining form for, 512
 Base of lung, 459f, 460, 462
 Basilar, 462
 Bas/o, 512
 Baso (basophils), 85, 86f, 504, 510, 505f,
 Basophilia, 519
 Basophils, 82, 83f, 504f, 506f, 507, 508t, 512, 514, 523
 BBB (blood brain barrier), 374
 BBB (bundle branch block), 432
 B cells (B lymphocytes), 549, 550, 551, 552f, 553f, 554
 BCNU. *See* Carmustine
 Bcr chromosome region, 802
 Bcr-abl oncogene, 802
 bcr-abl tyrosine kinase, 816
 bcr (breakpoint cluster region), 802
 BE (barium enema), 194
 Bedsores, 662
 Before meals (ante cibum; a.c., ac), 110, 903
 Before, prefix for, 115, 116, 273
 Beginning, suffix for, 271
 Behind, prefix for, 115, 116
 Bell palsy, 366
 Belonephobia, 941t

Benadryl. *See* Diphenhydramine
 Bence Jones protein, 520
 Bendamustine, 815t
 Bender-Gestalt Test, 922
 Beneath, prefix for, 113
 Benign, 114
 Benign neoplasms of skin, 670-671
 Benign prostatic hyperplasia (BPH), 321, 321f, 325
 Benign tumors, 798
 characteristics of, 798-799
 comparison with malignant tumors, 799f
 in uterus, 276
 Benzodiazepines (BZDs), 894, 904, 931, 934, 935f, 938
 Benzoyl peroxide, 665
 Berry aneurysms, 421
 Beside, prefix for, 114
 Beta blockers, 414, 417, 419, 424, 778, 892, 893t, 897
 Beta-hCG, 824
 Betapace. *See* Sotalol
 Between, prefix for, 113, 557
 Beta particles, 850, 860,
 Bevacizumab, 816, **817e**
 Bextra. *See* Valdecixib
 Beyond, prefix for, 118, 823
 Bi-, 111
 Biaxin. *See* Clarithromycin
 Bibliophobia, 941t
 Bicarbonate (HCO₃-), 237, 481
 Biceps, origin and insertion of, 613f
 Biceps brachii, 612f
 Biconvex, 701
 b.i.d., bid (two times daily; bis in die), 903
 Bifurcated synthetic graft, 421f
 Bifurcation, 111
 Biguanides, 891
 Bilateral, 111
 Bilateral salpingo-oophorectomy (BSO), 271f
 Bile, 145, 147, 148, 150, 157
 Bile bag, 200
 Bile duct, 147, 150, 154, 167f, 194, 852
 Bil/i, 157
 Biliary, 157
 Biliary atresia, 190
 Biliary colic, 167
 Biliary system, x-ray examination of, 194
 Biliary tract, 157
 Bilirubin (BILI), 119, 147, 148f, 150, 157, 160, 193, 229, 504, 510
 serum, 193
 Bilirubin/o, 157
 Bilirubinuria, 229
 Binding, 108, 605
 Binge eating, 927
 Binocular vision, 699
 Bi/o, 7, 74
 Biological cancer therapy, 813-814, 815t, 817
 Biological response modifiers, 817, 818
 Biological therapy, definition of, 818
 Biology, 7
 Biomarkers, cardiac, 425
 Biopsy (bx), 7
 aspiration needle, 284
 bone marrow, 824
 cone, 285f
 core needle, 810
 excisional, 810
 incisional, 810
 liver, 198
 lung, 478
 muscle, 620
 percutaneous liver, 123
 renal, 235
 skin, 674
 Bipolar disorder I, 927, 936, 945
 Bipolar disorder II, 927
 Bipolar disorders, 927, 936, 945
 Birth, 108, 109, 264, 270, 272

- Birth control measures, 265
 Birth control pills, 265
 bis in die (b.i.d., bid; two times daily), 903
 Bisphosphonates, 897
 Biventricular pacemaker, 413, 413f, 424
 Biventricular pacing, 432
 Black, combining form for, 659
 Blackhead, 664, 665f
 Black lung disease, 472, 473f
 Bladder cancer, 231, 804t
 chemotherapeutic regimens for, 812t
 -blast, 109, 513, 596
 -blastoma, 823
 Bleeding time, 520
 Bleomoxane. *See* Bleomycin
 Bleomycin, 815t, **816e**
 Blepharitis, 710t
 Blephar/o, 74, 702
 Blepharoptosis, 80, 80f, 702
 Blind spot, 698, 701, 705
 Blisters, 662
 in herpes genitalis, 323f
 with shingles, 368
 Blood
 circulation of, 400-401, 404f
 combining form for, 10, 512
 composition of, 502-508
 hemorrhage, 189
 occult, 193
 passage from rectum, 166
 pathway through heart, 404f
 root for, 4
 root plus combining vowel for, 5
 vomiting of, 188
 Blood-brain barrier, 355, 372
 Blood cells, 85-86
 developmental stages, 503f
 transfusion of, 123
 types of, 86f
 Blood clotting, 432, 508-509, 509f, 513, 521,
 disorders of, 517-518
 Blood condition, 13, 77, 765
 Blood flow after birth, 415f
 Blood pressure (BP), 281, 406-407, 407f, 420,
 422
 high. *See* Hypertension (HTN)
 Blood system
 abbreviations, 524-525
 blood clotting, 508-510
 blood types, 508, 508t
 clinical procedures, 522-524
 combining form for, 10, 512
 composition and formation of blood, 502-508
 laboratory tests, 520-521, 525
 pathology
 disease of bone marrow cells, 520
 diseases of red blood cells, 515
 diseases of white blood cells, 518
 disorders of blood clotting, 517
 pronunciation of terms for, 538-541
 suffixes for, 513
 vocabulary, 510-511
 Blood transfusion, 522
 Blood types, 508, 508t
 ABO, 508t, 524
 Blood urea nitrogen (BUN), 232
 Blood vessels, 398-399
 angiosarcoma, 805t
 dental, 142f
 maternal, 263f
 pathology of, 421
 retinal, 712f
 in skin, 653f
 types of, 398-399
 variations among, 399f
 in villi, 146f
 B lymphocytes (B cells), 549, 552, 552f, 555
 Blood-brain barrier, 349, 355, 372
 Blue, combining form for, 411, 464
 BM (bowel movement), 200
 BMD (bone mineral density), 619
 BMT (bone marrow transplantation), 520, 523,
 524, 524f, 553, 827
 BNP (brain natriuretic peptide), 425
 BNP (brain natriuretic peptide) test, 425
 Body
 cavities, 41-45
 combining form for, 764, 940
 CT scans through regions of, 851f
 parts of body ending in x, 75
 planes of, 52
 sensations from, cerebral area for, 8f
 of stomach, 145
 structural organization of, 34-36
 vertebral, 587
 Bol/o, 54
 Bolus of food, 144
 Bone density, 600
 Bone densitometry, 619
 Bone density test, 619
 Bone depressions, 581, 581t, 592
 Bone head, 581t, 592
 Bone marrow, 75, 79
 aspirate, 522, 523f
 biopsy, 522, 523f, 824
 combining form for, 75, 513, 595
 malignant neoplasm of, 520
 red, 581, 593
 yellow, 581, 593
 Bone marrow biopsy, 522, 532f
 Bone marrow transplantation (BMT), 520, 522,
 523, 524, 524f, 553, 824
 Bone mass, measurement of, 619
 Bone mineral density (BMD), 619
 Bone phagocytes, 590
 Bone processes, 581, 581f, 582, 591t, 592
 common names of, 591t
 Bone resorption inhibitor, 904.e1
 Bone(s), 592
 of arm and hand, 589-590
 clinical procedures, 618-620
 combining form for, 11, 595
 common names of, 591t
 cranial, 582-583, 592
 facial, 141f, 584-585, 585t, 592
 of foot, 590, 591f
 formation, 578-581
 laboratory tests, 617-618
 of leg and foot, 590, 591f
 malignant tumors, 600
 metacarpal, 114, 590
 pathology, 598-602
 of pelvis, 590
 processes and depressions in, 581, 592
 pubic, 116
 spinal column, 586-587
 structure, 580f
 suffixes for, 596
 supporting tooth, 142f
 of thorax, 588-589
 vocabulary, 592-593
 Bone scan, 620, 859
 Boniva. *See* Ibandronate sodium
 Bony ankylosis, 606, 607f
 Borborygmus(i), 159
 Borderline personality disorder, 928
Bordetella pertussis, 470
 Both eyes (OU), 716
 Bortezomib, multiple myeloma treated with, 520
 Botox Cosmetic, 660
 Botulinum toxin, 660
 Bowel, 146-147, 150
 small, 145-146
 Bowel movement (BM), 200
 Bowel sounds, 159
 Bowman's capsule, 219
 BP (blood pressure), 281, 406-407, 407f, 420, 422
 BPH (benign prostatic hyperplasia), 321, 321f,
 325
 Brachial artery, 401f, 407f, 410
 Brachial plexus, 345f
 Brachial plexus neuritis, 376
 Brachi/o, 410
 Brachy-, 823
 Brachytherapy, 329, 811, 818
 Brady-, 111
 Bradycardia, 410, 412
 Bradykinesia, 360
 Brain
 combining form for, 9, 358
 CT scan, 372, 853f
 hydrocephalus, 282
 lobes, 350
 parts of, 352f
 pathway of sound vibrations to, 718f
 and spinal cord, 345f
 structures and functions of, 350-352, 353t
 Brain natriuretic peptide (BNP), 425
 Brain natriuretic peptide (BNP) test, 425
 Brainstem, 351, 355
 Brain tumor, 368
 Branch, combining form for, 108
 Brand name of drug, 895
 BRBPR (bright red blood per rectum), 200
 BRCA1 (breast cancer 1 gene), 803t
 mutation, 276, 279, 288
 BRCA2 (breast cancer 2 gene), 803t
 mutation, 276, 279, 288
 Break, suffix for, 596
 Breakpoint cluster region (bcr), 801-802
 Breast, 73
 as accessory organ of reproduction, 261
 combining form for, 75, 269, 270
 mammography of, 282, 283f
 ultrasound imaging and MRI, 283
 Breastbone, 581, 588, 591t, 598
 Breast cancer, 278-280
 chemotherapeutic regimens for, 815t
 estrogen receptors, 816
 gene mutations, BRCA1 and BRCA2, 803t
 Breast reconstruction, 279f
 Breast self-examination (BSE), 288
 Breathing, 109, 461f, 466, 468
 Breech presentation, 272
 Bright red blood per rectum (BRBPR), 200
 Broca aphasia, 361
 Broca area, 350f
 Bronch (bronchoscopy), 477, 477f
 Bronchial disorders, 470-471
 Bronchial passages, 347f
 Bronchial tubes, 463, 477, 901
 Bronchiectasis, 463, 470
 Bronchi/o, 463
 Bronchioalveolar lavage (BAL), 477, 481
 Bronchioles, 460, 462, 463
 Bronchiolitis, 463
 Bronchiol/o, 463
 Bronchitis,
 chronic, 470
 pneumoconiosis associated with, 472
 Bronch/o, 74, 463, 901
 Bronchoalveolar lavage, 477
 Bronchodilator(s), 463, 895, 901
 Bronchodilator drugs, 463, 895, 901
 Bronchopleural fistula, 463
 Bronchopleural, 463
 Bronchopneumonia, 473
 Bronchoscopy (Bronch), 477, 477f
 fiberoptic, 477f
 Bronchospasm, 189, 463
 Bronchus(i), 460, 462, 463, 470-471, 472
 Bruise, 664
 Bruit, 420, 424
 Brush catheter, 477f
 BSE (breast self-examination), 279
 BSO (bilateral salpingo-oophorectomy), 271f
 Buccal, 141f
 Buccal surface of tooth, 141f
 Bucc/o, 153, 191
 Budesonide, 893t

Bulbourethral glands, 314, 315
 Bulimia nervosa, 926, 927, 936
 Bulla(ae), 662
 BUN (blood urea nitrogen), 232
 Bundle branch block (BBB), 406, 412
 Bundle of His, 406, 408, 412
 Bunion, 598, 607
 Bunionectomy, 607f
 Bupropion, 890t, 935f
 Burkitt lymphoma, 805t
 Burning, combining form for, 360, 658, 821
 Burns, 665
 Bursa(ae), 602-603, 603f, 604
 Bursitis, 604
 Bursting, suffix for, 189
 Burs/o, 604
 Buspar. *See* Buspirone
 Buspirone, 896t, 935f
 Butabarbital, 896t
 Butterfly rash, systemic lupus erythematosus associated with, 610, 611f
 bx (biopsy), 7
 By mouth (PO, p.o., po; per os), 903
 Bypass, gastric, 197
 Bypass surgery, 436
 BZDs (benzodiazepines), 894, 904, 931, 934, 935f, 938

C

CA 125 (protein marker), 824
 CABG (coronary artery bypass grafting), 419, 430, 430f, 432
 Ca (calcium), 579, 592, 594, 617, 752, 762
 CA (cancer), 827
 Cachexia, 821
 CA (chronological age), 942
 Cac/o, 821
 CAD (coronary artery disease), 417
 Caffeine, 896t, 899
 Calcaneal, 596
 Calcane/o, 596
 Calcaneus, 591t, 596
 Calciferol, 216, 221, 900t
 Calci/o, 594, 762
 Calcitonin, 751, 760, 891, 892t
 Calcium (Ca), 592
 in bone formation, 579, 592
 combining form for, 594, 762
 osteomalacia and, 600
 PTH and, 752
 Calcium (Ca²⁺), 762
 Calcium (Ca) inhibitor, 904.e1
 Calcium channel blockers, 414, 419, 424, 892, 893t, 899, 904.e1
 Calcium phosphate, 592
 Calcium salts, 578
 Calc/o, 594, 762
 Calculus(i)
 dental, 162
 in gallbladder, 167
 in kidney or ureter, 225
 renal, 230
 Caliceal, 223
 Calic/o, 223
 Caliectasis, 223
 Cali/o, 223
 Calix (calices), 221, 221
 Callus, 670, 671f
 Calyx (calyces), 220f, 221, 223
 Canal(s)
 auditory, 716, 718f, 719
 haversian, 581, 580f, 593
 neural, 586
 root, 142
 semicircular, 718, 719
 spinal, 605f
 Cancellous bone, 580f, 581, 592
 Cancer
 bladder, 231
 breast. *See* Breast cancer

Cancer (Continued)

chemotherapeutic agents for, 813-816, 815t, 817f
 colorectal, 164
 combining form for, 7, 821
 endometrial, 275
 esophageal, 162
 gastric, 162
 hereditary, 802-803
 lung, 472, 472f
 medicine. *See* Oncology
 pancreatic, 169, 200
 protein marker tests, 824
 testicular, 319, 320f
 thyroid gland, 767
 Cancer medicine, 797-846
 Candidiasis, 558t, 675
 Canine teeth, 141f, 142, 150
 Canker sores, 161
 Cannabis, 931, 932f, 936
 Cannula, uterine, 87f
 CAPD (continuous ambulatory peritoneal dialysis), 235f
 Capecitabine, 815t
 Capillary(ies), 82f, 398, 401, 408, 460, 503f, 546f
 lung. *See* Lung capillaries
 lymph, 546, 548, 554
 tissue, 402
 Caplets, 885f
 Capn/o, 463
 Capsules, 885f
 Carbamazepine, 890t, 935f
 Carbidopa, Parkinson disease treated with, 367
 Carbon dioxide (CO₂), 401, 408, 462, 463
 Carbon dioxide partial pressure (PaCO₂), 482
 Carbon monoxide, DLco, 478
 Carboplatin, 815t, **816e**
 Carcin/o, 7, 74, 821
 Carcinoembryonic antigen (CEA), 824
 Carcinogenesis, 800-803, 803f
 Carcinogenic, 7, 78
 Carcinogens, 801, 818
 Carcinogenesis, 800-803
 Carcinoma in situ (CIS), 274, 807, 821
 Carcinoma(s), 7
 basal cell, 672
 of cervix, 274
 defined, 804
 embryonal, 319
 epithelial tissue-derived, 804t
 hepatocellular, 12, 158
 ovarian, 276
 of prostate, 321
 renal cell, 230, 230f
 squamous cell, 672
 thyroid, 767
 Cardiac, 7, 74
 Cardiac arrest, 424
 Cardiac biomarkers, 425
 Cardiac catheterization, 428
 left-sided, 428f
 Cardiac center of medulla oblongata, 351
 Cardiac center, regulation of, 352
 Cardiac cycle, diastole-systole, 405
 Cardiac glycosides, 892, 893t, 900
 Cardiac MRI, 428
 Cardiac muscle, 612
 Cardiac pacemaker, 408, 413, 413f
 Cardiac resynchronization therapy (CRT), 432
 Cardiac sphincter, 148, 152
 Cardiac tamponade, 420, 424
 Cardiac troponin-I (cTnI), 425, 432
 Cardiac troponin-T (cTnT), 425, 432
 Cardi/o, 7, 74, 410
 Cardiogenic shock, 410
 Cardiology, nuclear, 427
 Cardiologist, 26
 Cardiology, 7
 Cardiomegaly, 410

Cardiomyopathy, 79, 410
 Cardiopulmonary resuscitation (CPR), 432, 481
 Cardiovascular (CV) drugs, 892-894, 893t
 Cardiovascular drugs, 893
 Cardiovascular system
 abbreviations, 432-433
 blood pressure, 406-407
 blood vessels, 398-400
 pathology, 412-434
 circulation of blood, 400-401
 clinical procedures
 diagnostic, 425
 treatment, 432
 combining form for, 409-412
 heart
 anatomy, 402-404
 pathology, 412
 physiology, 405-406
 laboratory tests, 425
 prefixes for, 455
 pronunciation of terms for, 449-454
 suffixes for, 455
 vocabulary, 408-409
 Cardioversion, 430
 Caries, dental, 161
 Carmustine, 815t
 Carotid artery, 370, 400-401, 401f
 branches, 375f
 Carotid endarterectomy, 430
 Carpals, 589, 591t, 596
 Carpal tunnel syndrome (CTS), 608
 Carp/o, 108, 596
 Carpometacarpal arthroplasty, 604
 Carpometacarpal joint (CMC), 621
 Cartilage, 37
 articular, 580, 592, 603, 606
 combining form for, 54, 604
 costal, 589
 laryngeal, 460f
 malignant tumors, 805t
 in OA and RA, 607f
 in spinal column, 48f
 thyroid, 88f, 459f, 480f, 750
 Cartilaginous tissue, 579
 Carvedilol, 893t
 Casanthranol plus docusate sodium, 895t
 Castration, in males, 325
 Cast(s)
 for fracture, 599
 in urine, 229
 Cata-, 56, 111, 941
 Catabolism, 36, 37
 Cataracts, 708
 phacoemulsification for, 704
 Catatonia, 929, 941
 Catatonic type of schizophrenia, 929
 Catecholamines, 753, 761
 Cathartics, 159, 894, 895t, 900
 Cath (catheterization), 236, 428
 Catheter, 221
 balloon, 235
 neonate response to, 281f
 Catheter ablation, 414, 430, 430f
 Catheterization (Cath), 432
 cardiac, 428
 left-sided cardiac, 428
 urinary, 236
 Cauda equina, 345f, 353, 355
 Caudal, 50
 Caudal block, 361f
 Causalgia, 360, 658
 Caus/o, 360, 658
 Cauterization, 284
 in cancer treatment, 810
 Cauter/o, 658, 821
 Cavity(ies)
 body, 41-45
 combining form for, 467
 medullary, 581, 580f, 593
 nasal, 143f, 458, 459f, 461f

- Cavity (*Continued*)
 oral, 141-142
 pericardial, 404, 404f
 pleural, 41, 45
 synovial, 602
- CBC (complete blood count), 520
- CBT (cognitive behavioral therapy), 933, 938, 944
- cc (cubic centimeter), 903t
- CCPD (continuous cycling peritoneal dialysis), 235f
- C_{cr} (creatinine clearance), 232
- CCU (coronary care unit), 432
- \bar{c} (cum; with), 903t
- CD (celiac disease), 191
- CD4+ cell count, 562
- CD8+ cells (cytotoxic T cells), 554
- CD4+ cells (helper T cells), 562
- CEA (carcinoembryonic antigen), 824
- Cecal, 153
- Cecal volvulus, 191
- Cec/o, 153, 191
- Cecum, 146, 150, 153
- Cefprozil, 889t
- Ceftazidime, 889t
- Ceftin. *See* Cefuroxime axetil
- Cefuroxime axetil, 889t
- Cefzil. *See* Cefprozil
- cele, 76
- Celebrex. *See* Celecoxib
- Celecoxib, 887t, **904e**
- Celexa. *See* Citalopram hydrobromide
- Celiac disease, 191, 201
- Celiac sprue, 191
- Celi/o, 153, 191
- Cell-mediated immunity, 522, 522f
- Cell body, 355
- Cell membrane, 34, 37
- Cell nucleus, 34, 37
- Cell(s)
 blood, 85-86
 combining form for, 9, 54, 512
 differences in, 38
 exocrine gland, 754f
 similarities in, 34-36
 suffix for, 11, 75
 types of, 38, 38f
- Cellular oncogenes, 818
- Cellulitis, 666, 675
- Cementum, 142
- centesis, 76
- Centigray (cGy), 827
- Central nervous system (CNS), 344, 355, 374, 942
 divisions of, 347f
- Central incisor, 141f
- Cephalexin, 889t
- Cephalgia, 3, 360
- Cephalic, 7, 53
- Cephalic presentation, 7, 266f
- Cephalic version, 272
- Cephal/o, 7
- Cephalosporins, 889t
- Cerebellar, 357
- Cerebell/o, 357
- Cerebellopontine, 359
- Cerebellum, 351, 352f, 355, 357,
- Cerebral, 8
- Cerebral aneurysm, 370f
- Cerebral angiography, 371
- Cerebral concussion, 369
- Cerebral contusion, 369
- Cerebral cortex, 350, 355, 700f, 718f,
 visual, 699, 699f
- Cerebral edema, 368
- Cerebral hemispheres, 350
 left, 350f
- Cerebral infarction, 369, 374-375
- Cerebral palsy, 366
- Cerebr/o, 8, 357
- Cerebrospinal fluid (CSF), 350, 355, 362, 371,
 abnormal accumulation of, 371
 circulation of, 351f
 withdrawn by lumbar puncture, 373
- Cerebrospinal fluid (CSF) analysis, 371
- Cerebrovascular accident (CVA), 8f, 369
- Cerebrum, 8, 8f, 350, 352, 352f, 355, 357, 365
- Certolizumab pegol, 895t
- Cerumen, 716, 719
- Cervical, 48
- Cervical cancer, 275f
- Cervical curve, 587f
- Cervical division of back, 48
- Cervical intraepithelial neoplasia (CIN), 274f
- Cervical loop electrocautery excision procedure, 285f
- Cervical lymph nodes, 548f, 549, 554
- Cervical nerves, 345f
- Cervical node, definition of, 554
- Cervical plexus, 345f
- Cervical spine films (C-spine), 867
- Cervical vertebrae (C1 to C7), 587, 587f, 621
- Cervicitis, 275
- Cervic/o, 54, 268
- Cervicovaginal smear, abnormal, 825f
- Cervix, 54, 275f, 260, 266, 268, 275, 275f, 285
 carcinoma of, 274, 275f, 804t
 LEEP for cone biopsy, 285f
 Pap test, 282f
- Cesarean section, 287
- Cetirizine, 891t, **904e**
- Cetuximab, **817e**
- CF (cystic fibrosis), 471
- CGMS (continuous glucose monitoring system), 777
- cGy (centigray), 827
- chalasia, 162
- Chalazion, 708, 710t
- Chancre, 324
- Change, prefix for, 114, 823
- Charnley total hip arthroplasty, 618f
- Cheeks, 140, 153
- Cheil/o, 154, 191
- Cheilos, 191
- Chemical name of drug, 883, 897
- Chem/o, 74, 821, 901
- Chemo (chemotherapy), 813-814
- Chemotherapy, 74, 813-815, **816e**, 818, 821, 882
 antituberculosis, 474
 cancers treated by, 815t
 mechanisms of action of, 817f
- Chest, combining form for, 56, 411, 465, 467, 468, 480
- Chest x-ray (CXR), 476, 623
- Chest tube, thoracostomy with, 480
- Cheyne-Stokes respirations, 466
- chezia, 158
- CHF (congestive heart failure), 417
- Chiasm, 699, 699f
 optic, 698f
- Chickenpox, 368, 666
- Child, combining form for, 11
- Childbirth, 270, 287, 764
- Child psychiatrists, 922
- Chir/o, 578
- Chiropractor, 578
- Chlamydial infection, 277, 322
- Chlamydia trachomatis*, 322
- Cholangiectasis, 188
- Cholangiocarcinoma, 191
- Choledochectasia, 191
- Chlorambucil, 815t
- Chlorhydr/o, 158
- Chloride (Cl^-), 237
- Chlor/o, 659t
- Chlorophyll, 659t
- Chlorpheniramine maleate, 891t
- Chlorpromazine, 896t, 935f
- Chlor-Trimeton. *See* Chlorpheniramine maleate
- Cholangiectasis, 188
- Cholangi/o, 191
- Cholangiography, 194, 852
- Cholangiopancreatography, endoscopic
 retrograde, 194, 195f, 852
- Chol/e, 157, 191
- Cholecystectomy, laparoscopic, 167, 168f
- Cholecystitis, 167
- Cholecyst/o, 154, 191
- Cholecystojejunostomy, 192
- Cholecystokinin, 748, 749t
- Cholecystolithiasis, 192
- Choledochal, 191
- Choledoch/o, 154
- Choledochojejunostomy, 158
- Choledocholithiasis, 195f
- Choledochotomy, 154
- Cholelithiasis, 167
- Cholescintigraphy, 197
- Cholestasis, 189
- Cholesteatoma, 722
- Cholesterol-binding drugs, 425, 892, 893t, 900
- Cholesterol-lowering drugs, 425, 892, 893t, 900
- Cholesterol/o, 410
- Cholestyramine, 893t
- Chondr/o, 54, 74
- Chondrocostal, 597
- Chondroma, 54
- Chondromalacia patellae, 604
- Chondrosarcoma, 54, 805t
- Chori/o, 268
- Choriocarcinoma, testicular, 319
- Chorion, 263, 263f, 266, 268
- Chorionic, 268
- Chorionic villus sampling (CVS), 287
- Chorion/o, 268
- Choroid, 695, 701
- Chrom/o, 54, 512
- Chromosomal translocation, 802f
- Chromosomes, 34, 37, 54, 800, 802
 bcr region, 802-803, 802f
 cytogenetic analysis, 824
- Chronic, 83
- Chronic bronchitis, 470, 475
- Chronic inflammatory myopathy, 617
- Chronic kidney disease (CKD), 231, 237
- Chronic lymphocytic leukemia (CLL), 519, 815t
- Chronic myelogenous (myelocytic) leukemia (CML), 519
- Chronic obstructive pulmonary disease (COPD), 470, 471, 475
- Chronic renal failure (CRF), 234, 237
- Chronic rheumatic heart disease, 420f
- Chron/o, 74
- Chronological age (CA), 942
- Chym/o, 664
- Cialis. *See* Tadalafil
- Cib/o, 108
- Cicatrix, 670
- cidal, 899t
- Cigarette smoking, bronchitis associated with, 470
- Cilia, 462
 lining fallopian tube, 260
- Ciliary body, 695, 697, 701, 703, 707
- Cimetidine, 894, 895t
- CIN (cervical intraepithelial neoplasia), 274f
- Cipro. *See* Ciprofloxacin
- Ciprofloxacin, 889t
- Circulation
 of aqueous humor, 697, 700, 700f, 702
 of blood, 400-401
 of CSF in brain, 351f
 pulmonary, 400, 400f
 systemic, 400f, 401, 409
- Circulatory system
 organs of, 40
 relationship to blood and lymph, 547f

Circumcision, 314, 323f, 325
 Circumflex branch, 418f
 Cirrh/o, 168, 659t
 Cirrhosis, 168
 alcoholic, 168f
 CIS (carcinoma in situ), 274, 807, 821
 Cis/o, 8, 108
 Cisplatin, 815t, **816e**
 Citalopram hydrobromide, 890t, 935f
 CK (creatinine kinase), 432, 617, 621
 CKD (chronic kidney disease), 231, 237
 Cladribine, 815t
 Clarithromycin, 889t
 Claritin. *See* Loratadine
 Classes of drugs, 887-897
 -clast, 596
 Claudication, 424
 intermittent, 422
 Claustrophobia, 925, 941t
 Clavicle, 588, 591t, 597
 Clavicul/o, 597
 Cl⁻ (chloride), 237
 Cleft palate, 584
 Clinical procedures, 89, 123
 for blood system, 520-524
 for cardiovascular system
 diagnostic, 430-432
 treatment, 430
 for digestive system, 193
 for ear, 722
 for endocrine system, 776
 for eye, 712-716
 for female reproductive system, 282-287
 for lymphatic and immune systems, 563
 for male reproductive system, 325-326
 for musculoskeletal system, 618-620
 for nervous system, 371-373
 for oncology, 824
 for respiratory system, 476-479
 for skin, 673-674
 for urinary system, 232-233
 Clinical psychology, 922, 938
 Clinical symptoms, psychiatric, 923
 Clinical trials, 814
 Clitoris, 259, 266
 CLL (chronic lymphocytic leukemia), 519-, 815t
 Clomipramine, 935f
 Clonazepam, 931, 935f
 Clopidogrel bisulfate, 419, 890t, **904e**
 Closed fracture, 599
 Closed reduction, 599
 Clotrimazole, 887t
 Clot(s)
 combining form for, 12, 411
 fibrin, 508-509, 509f
 Clotting, combining form for, 512
 Clotting cells. *See* Platelets
 Clotting factor, hemophilia and, 517
 Clubfoot, 120f, 602
 CMC (carpometacarpal joint), 621
 CML (chronic myelogenous (myelocytic) leukemia), 519
 CMV (cytomegalovirus), 558t
 CNS (central nervous system), 344, 347f, 355, 374, 942
 divisions of, 347f
 CoA (coarctation of aorta), 401, 401f, 408, 409, 415, 416
 Coagulation, 508-509, 510
 Coagulation time, 520
 Coagul/o, 512
 Coagulopathy, 512
 Coarctation of aorta (CoA), 415, 415f, 432
 Cocaine, 906, 931, 932f
 dependence on, 930
 CO₂ (carbon dioxide), 401, 408, 462, 463
 -coccus (-cocci), 76
 Coccygeal, 54
 Coccygeal division of back, 48

Coccyg/o, 54
 Coccyx, 54, 587, 591t
 Cochlea, 717, 718f, 719, 720
 Cochlear, 722
 Cochlear hydrops, 722
 Cochlear implant, 724, 725f
 Cochlear implant procedure, 720
 Cochle/o, 720
 Codeine, 376, 887t, 906
 Cognition, disorders of, 926
 Cognitive behavioral therapy (CBT), 933, 938, 944
 Coitophobia, 941t
 Coitus, 258, 266
 -col, 822
 Cold, combining form for, 317, 821
 Cold sores, 162
 Colectomy, 191
 Colectipol, 893t
 Colic, renal, 225
 Colitis, ulcerative, 166
 Collagen, 578, 592, 610, 657, 668
 Collagen fibers, 652
 Collapsed lung, 466f, 467f, 467, 471
 Collar bone, 591t, 596
 Colles fracture, 599f
 Col/o, 74, 154, 191
 Colon, 2f, 40f, 41f, 42f, 72, 152
 adenomatous polyposis of, 807f
 ascending, 146
 descending, 146, 155f
 sigmoid, 146, 152, 157
 transverse, 146
 tumors of, 804
 x-ray images of, 194
 Colonic, 154
 Colonic adenocarcinoma, 196f
 Colonic polyps, 164f
 Colon/o, 154, 191
 Colonoscopy, 198, 198f, 199f, 825
 Colony-stimulating factors (CSFs), 504, 510, 817
 Color
 combining form for, 54, 512, 659t
 of neonate, 281f
 of urine, 228
 Colorectal cancer, 164
 Color flow imaging, 855
 Colostomy, 154
 sigmoid, 155f
 Colp/o, 268
 Colposcopy, 284, 284f
 Coma, 360
 Comat/o, 360
 Comatose, 360
 Combination chemotherapy, 814, 818
 Combining forms
 for blood system, 512-513
 for bones, 594-596
 for cardiovascular system, 455
 for digestive system
 parts of body, 153
 substances, 157
 for ear, 720
 for endocrine system
 glands, 762
 related terms, 762-764
 for eye
 conditions, 705-706
 structures and fluids, 702-705
 for female reproductive system, 268
 for lymphatic and immune systems, 556-557
 for male reproductive system, 317-319
 for muscles, 615
 for nervous system, 357-362
 for oncology, 821-823
 for oral cavity, 141f
 for pharmacology, 901-902
 for psychiatry, 939
 for radiology and nuclear medicine, 866

Combining forms (*Continued*)
 relating to
 basic word structure, 5-6
 body as whole, 50-54
 for respiratory system, 464
 for skin, 658
 in study of
 prefixes, 108-109
 suffixes, 74-75
 Combining vowel, 4-5
 Combivir. *See* Zidovudine plus lamivudine
 Comedo(dones), 664
 Comminuted fracture, 598, 599f
 Common bile duct, 147
 Community-acquired pneumonia, 473
 Compact bone, 580-581, 580f, 592
 Compartment syndrome, 615f
 Complement system, 552, 554
 Complete blood count (CBC), 520
 Completion, prefix for, 112
 Complete response (CR), 827
 Complex partial seizure, 365
 Complications, of types 1 and 2 diabetes, 770
 Compound fracture, 598, 599f
 Compression fracture, 598, 599f
 Compulsion, 923, 926
 Computed tomography angiography (CTA), 426
 characteristics of, 850
 Computed tomography (CT), 195, 232f, 426, 426f, 476, 563, 620, 776, 826, 850, 850f, 851f, 861f, 862, 866
 for musculoskeletal system, 620
 Computed tomography (CT) scan
 of brain, 372
 characteristics of, 195, 850, 850f
 of chest, 476
 of endocrine glands, 776
 of gallbladder, 195f
 of kidney, 232f
 of liver, 195f
 of lungs, 853f
 of lymphoid organs, 563
 vs. MRI, 858
 in virtual colonoscopy, 198
 Computed tomography (CT) scanner, 852f
 Computed tomography myelography, 855
 Computed tomography pulmonary angiography (CTPA), 476
 Con-, 111
 Concerta. *See* Methylphenidate
 Concussion, cerebral, 369
 Conduction myofibers, 406f
 Conduction system of heart, 405-406, 406f
 Conductive deafness, 722
 Condyle, 581t, 582f, 592
 Cone biopsy, 284, 285, 285f
 Cones, 698, 701
 Congenital anomaly, 120, 120f
 Congenital disorders
 of nervous system, 362
 spherocytic anemia, 516
 Congenital heart disease, 415
 Congestive heart failure (CHF), 417
 Coni/o, 463
 Conization, 274, 284
 Conjoined twins, 316
 Conjugated bilirubin, 149, 148f
 Conjunctiva, 695, 701, 702
 Conjunctivitis, 702, 702f
 acute bacterial, 702f
 Conjunctiv/o, 702
 Connective, 111
 Connecting, combining form for, 108
 Connective tissue, 38
 combining form for, 822
 fibrous, 615
 hardening of, 668
 sarcomas derived from, 805-806, 805t
 Constipation, 159

- Continuous ambulatory peritoneal dialysis (CAPD), 235f
- Continuous glucose monitoring system (CGMS), 777
- Continuous positive airway pressure (CPAP), 468
- Contra-, 112, 900
- Contraceptive choices, 290
- IUD, 265
- Contraction, suffix for, 189
- Contracting fibrils, 611f
- Contraindications, 112, 886, 897, 902
- Contralateral, 112
- Contrast medium, 194, 850
- in cerebral angiography, 371
- Contrast studies, 850, 862
- Control, suffix for, 81, 109, 189, 514
- Controlled substances, 897, 905-906
- Contusion, cerebral, 369
- Conversion, 923
- Conversion disorder, 930, 936
- Coombs test, 520
- Coordination, combining form for, 362
- COPD (chronic obstructive pulmonary disease), 470, 471, 475
- Cordarone. *See* Amiodarone
- Coreg. *See* Carvedilol
- Cor pulmonale, 471, 475
- Core needle biopsy, 810
- Cornea, 695, 700f, 701, 703, 706, 714
- Corneal abrasion, 703
- Corneal transplantation, 714
- Corne/o, 703
- Corneoscleral, 704
- Cor/o, 702
- Coronal plane, definition of, 52
- Coronal suture, 582f
- Coronary angiography, 852, 852f
- Coronary arteries, 410, 408, 417, 418, 418f, 426f
- CTA showing, 426f
- left anterior descending, 418f, 433
- Coronary artery bypass grafting (CABG), 419, 430, 430f
- Coronary artery calcium score, 426
- Coronary artery disease (CAD), 417
- Coronary care unit (CCU), 432
- Coron/o, 410
- Corpor/o, 234
- Cor pulmonale, 471, 475
- Corpus callosum, 352f
- Corpus luteum, 260, 262f, 266
- Corpus of uterus, 262f
- Cortex
- adrenal, 753, 759, 769
- cerebral. *See* Cerebral cortex
- combining form for, 763
- renal, 216, 217f, 219, 221
- Cortical, 221, 357
- Cortical bone, 580-581, 580f
- Cortic/o, 763
- Corticosteroids, 752, 753, 761
- Cortisol, 753, 760, 768, 769
- Cortisone, 753
- Corvert. *See* Ibutilide
- Corynebacterium*, 470
- Costal cartilages, 589
- Cost/o, 108, 597
- Coughing, paroxysmal, 470
- Coumadin. *See* Warfarin
- COX-2 (cyclooxygenase-2) inhibitors, 887
- Cozaar. *See* Losartan
- CPAP (continuous positive airway pressure), 468
- CPR (cardiopulmonary resuscitation), 432, 481
- Crackles, 469
- Cranial bones, 582-583, 585f, 592
- Cranial cavity, 41, 41f
- Cranial nerves, 344-345, 345f, 355
- Crani/o, 54, 597
- Craniotomy, 597
- Craniotomy, 54, 57, 597
- Cranium, 591t, 597
- combining form for, 597
- Cras/o, 899
- CR (complete response), 827
- Creatine kinase (CK), 432, 621
- Creatinine, 216, 219, 221
- Creatinine clearance (C_{cr}), 232
- Crestor. *See* Rosuvastatin
- Cretinism, 767
- CRF (chronic renal failure), 234, 237
- crine, 109
- Crin/o, 8, 763
- Crixivan. *See* Indinavir
- Crohn disease, 164, 170, 894
- Cross-gender identification, 925
- Cross-sectional plane, 48f, 49
- Croup, 471
- Crown of tooth, 142
- CRT (cardiac resynchronization therapy), 432
- Crushing, combining form for, 227
- Crust, 662, 663f
- Cry/o, 317, 821
- Cryocauterization, 275
- Cryosurgery, 284, 673, 810
- in cancer treatment, 810
- Cryotherapy, for retinal detachment, 711
- Crypt/o, 317
- Cryptococcal infection (Crypto), 558t
- Cryptorchidism, 317, 320
- Cryptorchism, 320
- Cryptosporidiosis, 558t
- CS (cesarean section), 287
- C&S (culture and sensitivity testing), 226, 469
- C-section (cesarean section), 287
- Crystal methamphetamine, 904
- CSF (cerebrospinal fluid), 8, 8f, 350, 352f, 355, 357, 365,
- abnormal accumulation of, 362
- circulation of, 351f
- withdrawn by lumbar puncture, 373
- CSF (cerebrospinal fluid) analysis, 371
- CSFs (colony-stimulating factors), 504, 510, 817
- C (symbol for psych-), 942
- CTA (computed tomography angiography), 426
- CT (computed tomography), 195, 426, 426f, 563, 850, 850f, 476, 776, 861f, 862, 866, 868
- for musculoskeletal system, 620
- CT (computed tomography) scan
- of brain, 372
- characteristics of, 852
- of endocrine glands, 776
- of gallbladder, 195f
- of kidney, 232f
- of liver, 195f
- of lungs, 853f
- of lymphoid organs, 563
- vs. MRI, 858
- in virtual colonoscopy, 198
- CT (computed tomography) scanner, 852f
- CT urography, 232, 232f
- cTnI (cardiac troponin-I), 425, 432@@
- cTnT (cardiac troponin-T), 425, 432
- CTPA (computed tomography pulmonary angiography), 476
- CTS (carpal tunnel syndrome), 608
- Cubic centimeter (cc), 903t
- Cubic millimeter (mm³), 525
- Cul-de-sac, 259, 266, 268, 285
- Culd/o, 268
- Culdocentesis, 268, 285
- Culture and sensitivity testing (C&S), 226, 469
- Curet, 285
- Curettage, 673
- Curvature, 594, 595
- Curve, combining form for, 594
- Cushing disease, 768
- Cushing syndrome, 768, 781
- Cushings, 781
- cusis, 721
- Cut off, combining form for, 362
- Cutane/o, 108, 658, 901
- Cutaneous lesions, 662, 663
- Cutaneous T cell lymphoma, 675
- Cutdown, venous, 412
- Cuticle, 655, 657
- Cutting, 8, 12, 14, 81, 108
- CVA (cerebrovascular accident), 8f, 369
- CVS (chorionic villus sampling), 287
- Cx (cervix), 260, 266
- CXR (chest x-ray), 476, 623
- Cyan/o, 411, 464
- Cyanocobalamin, 902t
- Cyanosis, 411, 417, 423, 464,
- Cycl/o, 703, 927
- Cyclooxygenase-2 (COX-2) inhibitors, 887
- Cyclophosphamide, 815t, **816e**
- Cycloplegic, 703
- Cyclosporine, 523
- Cyclothymia, 941
- Cyclothymic disorder, 927
- cyesis, 109, 271
- Cymbalta. *See* Duloxetine
- Cynophobia, 941t
- Cypridophobia, 941t
- Cystadenocarcinomas, 277
- Cystic duct, 147
- Cystadenomas, 277
- Cystectomy, 223
- Cystic duct, 147
- Cystic fibrosis (CF), 471
- Cystic ovarian adenocarcinoma, 806f
- Cystic tumors, 802, 804
- Cystitis, 223f, 224
- Cyst/o, 8, 74, 223, 821
- Cystocele, 84
- Cysto (cystoscopic examination), 237
- Cystoscopic examination (cysto), 237
- Cystoscopy, 233
- Cystostomy, 224
- Cystourethrogram, voiding, 232f
- Cysts
- fluid filled (ganglion), 608
- fluid filled (in PKD), 232
- ovarian, 275, 277
- pilonidal, 662, 663f
- sebaceous, 662
- Cytarabine, 815t
- cyte, 13, 77
- Cyt/o, 9, 54, 512
- Cytogenetic analysis, 824
- Cytokines, 552, 554
- Cytology, 9, 825
- Cytomegalovirus (CMV), 558t
- Cytoplasm, 36, 37
- Cytosar-U. *See* Cytarabine
- Cytoscopy, definition of, 8
- cytosis, 514
- Cytotoxic T cells (CD8⁺ cells), 552, 552f, 554
- Cytosan. *See* Cyclophosphamide
- D**
- Dabigatran, 890t
- Dacarbazine, 815t, **816e**
- Dacry/o, 703
- Dacryoadenitis, 703
- Dacryocystitis, 710t
- Dactyl/o, 108
- Dalteparin, 890t
- Dandruff, 660
- Darbepoetin alfa, **817e**
- Darvon. *See* Propoxyphene HC
- Darkness, combining form for, 705
- Daunorubicin, 815t
- D&C (dilation and curettage), 275, 285

DCF. *See* Pentostatin
 DCIS (ductal carcinoma in situ), 288
 De-, 112
 Deafness, 722
 nerve, 721
 Death, combining form for, 75, 108, 821
 Debulking procedure, 810
 Decadron. *See* Dexamethasone
 Decalcification, 594
 Decub (decubitus), 867
 Decubitus ulcer, 662, 663
 Dedifferentiated cancerous cells, 798-799
 Dedifferentiation, 818
 Deep (positional term), 50, 53
 Deep tendon reflexes (DTRs), 621
 Deep vein thrombosis (DVT), 411, 422
 Defecation, 146, 150, 158
 Defense mechanisms, 924, 936
 Defibrillation, 430
 Defibrillator, automatic external, 414
 Deficiency, 79
 of pituitary hormones, 775
 prefix for, 113, 765, 942
 suffix for, 79, 514
 Deflections, 406
 Degenerative disorders, 364
 joint disease, 606
 muscular dystrophy, 617
 Deglutition, 140, 143, 150
 Dehydration, 112
 Dehydroretinol, 902t
 Delirium, 926, 936, 932t
 Delirium tremens (DT), 926, 936
 Deltoid, 612f
 Delusion, 924, 925, 929, 937
 Dementia, 371, 926, 932t, 937
 with AIDS, 368
 with Alzheimer disease, 364
 Demyelination, 365, 366f, 371
 Dendrites, 348, 355
 Dendritic cells, 552, 553f, 554
 Denosumab, 891t
 Dental arch, 141f
 Dental caries, 161, 161f
 Dentalgia, 191
 Dent/i, 155, 191
 Dentin, 142, 150
 Deoxygenated blood, 408
 Deoxyribonucleic acid (DNA), 35, 37, 116, 120,
 121f, 800, 800f, 802, 818
 damage to, 800
 functions of, 800f
 recombinant, 116, 122
 Depakene. *See* Valproate
 Depakote. *See* Valproic acid
 Dependence, 886, 897, 930
 Depigmentation, 670
 Deprenyl. *See* Segeline
 Depression, 927, 937, 944
 Depressive disorders, 927
 Derm. (dermatology), 674
 -derma, 660
 Derivation, suffix for, 83, 514
 Dermabrasion, 658
 Dermatitis, 9, 560
 atopic, 666, 666f
 seborrheic, 660
 Derm/o, 9, 658
 Dermatologist, 658
 Dermatology (Derm.), 10
 Dermatophytosis, 660
 Dermis, 654, 657
 Derm/o, 9, 658, 901
 Dermoid cysts, 277
 Descending colon, 146, 148, 151f, 155f
 DES (diethylstilbestrol), 801
 -desis, 605
 DESs (drug-eluting stents), 431, 432
 Desatinib, **817e**
 Desmopressin, 778

Destruction, suffix for, 78, 109, 514
 Desvenlafaxine, 935f
 Desyrel. *See* Trazodone
 Detached retina, 715f
 Development, suffix for, 80, 82, 109, 616
 Developmental disorder, pervasive, 928
 DEXA (dual-energy x-ray absorptiometry),
 619f
 Dexamethasone, 815t, 894t, 895t
 Dexedrine. *See* Dextroamphetamine
 Dextroamphetamine, 931, 935f
 Dextroamphetamine and amphetamine, 896t
 Dextroamphetamine sulfate, 896t
 Di-, 227
 Dia-, 14, 112
 Diabetes, 9
 gestational, 772
 management of, 779-780
 type 1, 779
 Diabetes insipidus, 231, 775
 Diabetes mellitus (DM), 229, 231, 708, 770, 771t,
 779-780
 indicated by glycosuria, 229
 secondary complications of, 772f
 Diabetic ketoacidosis (DKA), 771
 Diabetic nephropathy, 772
 Diabetic neuropathy, 772
 Diabetic retinopathy, 708, 772
 Diagnosis(es), 10
*Diagnostic and Statistical Manual of Mental
 Disorders*, 4th ed., rev. (DSM-IV-TR),
 922
 Diagnostic imaging (DI), 867
 Diagnostic procedures
 for cardiovascular system, 428-429
 for eye, 712-713
 MRI, 856-857
 ultrasound imaging, 854-856
 x-ray studies, 850-854
 Diagnostic terms, for respiratory system,
 469
 Dialysis, 234, 235f
 Diameter, 112
 Diaphoresis, 658
 Diaphor/o, 658
 Diaphragm, 42, 45, 460, 461f, 462, 465
 Diaphysis, 580, 592
 Diarrhea, 160, 189
 Diastole, 405, 405f, 408
 Diastolic CHF, 417
 Diastolic pressure, 407
 Diazepam, 896t, 931, 935f
 DIC (disseminated intravascular coagulation),
 508
 Diclofenac, 887t
 DICOM (digital image communication in
 medicine), 867
 DI (diabetes insipidus), 231, 775
 DI (diagnostic imaging), 867
 Diclofenac sodium, 887t
 Diet, diabetes effect on, 771t
 Diethylstilbestrol (DES), 801
 diff. (differential count), 524
 Differential count (diff.), 524
 Differentiated cells, 502
 tumors composed of, 794-795
 Differentiating agents, 818
 in cancer therapy, 814
 Differentiation, 502, 510, 818
 Diffuse, describing tumors, 808
 Diffusion capacity of lung for CO (DLco), 479,
 481
 Diflucan. *See* Fluconazole
 Digestion, 140, 150, 188
 Digestive system
 abbreviations for, 200
 anatomy and physiology of, 140-158
 clinical procedures, 194-195
 colonoscopy report, 199
 combining forms for, 191

Digestive system (*Continued*)
 parts of body, 153
 substances, 157
 laboratory tests, 193
 MRI, 196
 organs of, 39
 pancreatic cancer, 200
 pathologic conditions
 liver, gallbladder, and pancreas, 169
 lower GI tract, 166
 oral cavity and teeth, 162
 upper GI tract, 164
 pathology of, 159-169
 pronunciation of terms for, 181-186, 210-212
 related vocabulary, 150
 suffixes for, 187-190
 ultrasound examination, 196
 various procedures involving, 197
 Digital image communication in medicine
 (DICOM), 867
 Digital imaging techniques, 854
 Digital rectal examination (DRE), 321, 325
 Digital subtraction angiography (DSA), 426,
 853
 Digital tomosynthesis, 283
 Digoxin, 414, 417, 424, 892, 893t
 Dilantin. *See* Phenytoin sodium
 Dilatation, -ectasia suffix, 188
 Dilation and curettage (D&C), 275, 285
 Dilaudid. *See* Hydromorphone
 Diltiazem, 893t
 Dim, combining form for, 705
 Diovan. *See* Valsartan
 Diovan HCT. *See* Valsartan-HCTZ
 Diphenhydramine, 881t
 Diphenoxylate and atropine, 895t
 Diphtheria, 471
 pertussis, tetanus (DPT), 470
 Dipl/o, 705
 Diplococcus, 84, 85f
 Diplopia, 711
 Dips/o, 226, 763
 Dipstick, 228-229, 228f
 Direct bilirubin, 148f
 Directions (Sig.), 903t
 Direct ophthalmoscopy, 713
 Discoid lupus erythematosus (DLE), 668, 673
 Discharge, suffix for, 109, 189, 272
 Disease
 autoimmune, 111
 of bone marrow cells, 520
 combining form for, 11
 condition of, 13, 78
 exanthematous viral, 666
 graft-versus-host, , 524, 525
 no evidence of (NED), 827
 periodontal, 162
 of red blood cells, 515
 of white blood cells, 518
 Disease-modifying antirheumatic drugs
 (DMARDs), 606, 621
 Disk (disc), 48f, 49
 intervertebral, 592
 slipped, 49
 Disectomy, 57
 Diskography, 620
 Dislocation, 608
 Disorders of movement, 929
 Disorganized type of schizophrenia, 929
 Dissecting aortic aneurysm, illustration of, 421f
 Disseminated intravascular coagulation (DIC),
 508
 Dissociation, 924
 Dissociative disorder, 926, 932t, 937
 Dissociative identity disorder, 932t
 Distal, definition of, 50, 53
 Distal phalanges, 591f
 Distal (positional term), 48, 53
 Distal surface of tooth, 141
 Dist/o, 54

- Diuresis, 227, 247
 Diuretics, 892, 893t, 900
 Diverticula, 165, 165f
 Diverticulitis, 165
 Diverticulosis, 165, 165f
 DKA (diabetic ketoacidosis), 777
 DLco (diffusion capacity of lung for CO), 479, 481
 DLE (discoid lupus erythematosus), 668, 673
 DMARDs (disease-modifying antirheumatic drugs), 606, 621
 DM (diabetes mellitus), 229, 231, 708, 770, 771t, 772f, 779-780
 DNA (deoxyribonucleic acid), 35, 37, 116, 120, 121f, 800, 800f, 802, 818
 damage to, 800
 functions of, 800f
 recombinant, 116, 122
 DNA viruses, 801
 "Do not use" list, 904
 Docetaxel, 815t
 Doctor of optometry (OD), 704
 Doctor of osteopathy (DO), 621
 DO (doctor of osteopathy), 621
 DOE (dyspnea on exertion), 481
 Donepezil, 890t
 DO (osteopathic physician), 578
 Donor, 431, 522
 Dopamine, 346, 367, 371
 Doppler ultrasound studies, 857, 857f
 of brain, 372
 of cardiovascular system, 426
 Dorsal, 50, 53
 Dorsal cavities, 41f, 42
 Dorsalis pedis artery, 401f
 Dorsal lithotomy position, 63f
 Dorsal (posterior), 50
 Dorsal root of spinal nerve, 353f
 Dorsiflexion, 614
 Dorsi-, 616
 Dorsiflexion, 614
 Dors/o, 54
 Dose of drug, 886, 897
 -dote, 902
 Double, combining form for, 705
 Double-contrast study, 852
 Down, prefix for, 111, 112, 941
 Down syndrome, 36, 281
 karyotype of, 36f
 Doxil. *See* Daunorubicin
 Doxorubicin, 815t, **816e**
 Doxycycline, 889t
 DPT (diphtheria, pertussis, tetanus), 470
 Draw a Person Test, 922
 Dream interpretation, 933
 DRE (digital rectal examination), 321, 325
 -drome, 109
 Drops (gtt; guttae), 903t
 Drooping, suffix for, 189
 Drug-eluting stents (DESs), 431, 431f, 432
 Drug(s)
 actions and interactions, 886
 administration routes of, 884-885, 897
 antiangiogenic, 816
 anticancer, 817t
 anticholinesterase, 366
 classes of, 887-897
 combining form for, 901
 DMARDs, 606, 621
 miotic, 704
 molecularly targeted, 816, 819
 names, standards, and references, 883, 897
 NSAIDs, 606, 621
 psychotherapeutic, 935f
 top 30 prescription drugs in 2007, 904.e1
 toxicity of, 886-887
 vehicles for drug administration, 885f
 Drusen, 710
 Dry macular degeneration, 710
 Dry mouth, 814
 Dryness, combining form for, 658, 661, 705, 822
 DSA (digital subtraction angiography), 426, 853
 DSM-IV-TR (Diagnostic and Statistical Manual of Mental Disorders; 4th ed., rev.), 922
 DT (delirium tremens), 926, 936
 DTIC-Dome. *See* Dacarbazine
 DTRs (deep tendon reflexes), 621
 Dual-chamber rate-responsive pacemaker, 413f
 Dual-energy x-ray absorptiometry (DEXA), 619f
 DUB (dysfunctional uterine bleeding), 288
 Duchenne muscular dystrophy, 617
 Duct, combining form for, 318
 Ductal carcinoma in situ (DCIS), 288
 Ductless endocrine glands, 747
 Duct/o, 108
 Ductus deferens, 314
 Duloxetine, **904e**, 935f
 Duodenal, 154, 191
 Duoden/o, 154, 191
 Duodenum, 145, 147, 150, 155, 163
 Duplex ultrasound, 426
 Dura mater, 354, 355, 358
 Dur/o, 358
 Dust, 463, 472
 DVT (deep vein thrombosis), 411, 422
 Dwarfism, 774
 hypopituitary, 774
 pituitary, 774
 -dynia, 77
 Dys-, 112, 272
 Dysentery, 165
 Dysfunctional uterine bleeding (DUB), 288
 Dyskinesia, 360
 Dyslexia, 361
 Dysmenorrhea, 272
 Dysmorphia, gender, 930
 Dyspareunia, 272
 Dyspepsia, 188
 Dysphagia, 160, 188
 Dysphasia, 188
 Dysphonia, 465
 Dysphoria, 924, 927, 941
 Dysplasia, 188
 arrhythmogenic right ventricular, 432
 Dysplastic, 808
 Dysplastic nevi, 671
 Dysplastic tumor cells, 808
 Dyspnea, 468
 Dyspnea on exertion (DOE), 481
 Dysrhythmia, 411
 Dysthymia, 927, 941
 Dysthymic disorder, 927
 Dystocia, 272
 Dysuria, 227
E
 -eal, 57, 83
 Eardrum, 716, 719, 720, 721
 Ear(s)
 abbreviations, 725
 anatomy and physiology of, 714-716
 clinical procedures, 724-725
 combining form for, 720
 external, middle, and inner, 716-718
 pathology, 722-723
 pronunciation of terms for, 743-744
 suffixes for, 721
 vocabulary, 719
 Ear canal, visual examination of, 724
 Ear thermometry, 724
 Eardrum, 716, 719, 720, 721
 Ear wax, 719
 Eating, 188, 513, 514
 Eating disorders, 926-927, 932t
 EBCT (electron beam computed tomography), 426
 EBT (electron beam computed tomography), 426
 EBUS (endobronchial ultrasound), 477
 EBV (Epstein-Barr virus), 520
 Ec-, 112
 Ecchymosis(es), 518, 518f, 664
 Eccrine sweat glands, 656, 656f
 ECG (electrocardiogram), 4, 9, 406, 407f, 408, 429f
 rhythm strips, 429f
 ECG (electrocardiography), 428
 Echo-, 865
 Echocardiograms, 122, 427, 427f
 Echocardiography (ECHO), 854
 transesophageal, 427f
 ECHO (echocardiography), 854
 transesophageal, 427f
 ECMO (extracorporeal membrane oxygenation), 431
 Eclampsia, 281
 Econazole topical, 889t
 -ectasia, 188
 -ectasis, 188
 ECT (electroconvulsive therapy), 934, 938
 Ecto-, 112
 -ectomy, 13, 77
 Ectopic pregnancy, 113, 121, 280
 Ectropion, 710t
 Eczema, 666, 666f
 EDC (estimated date of confinement), 288
 Edema, 507
 cerebral, 368
 macular, 708
 in nephrotic syndrome, 230
 pulmonary, 417, 474
 varicose veins and, 423f
 -edema, 704
 ED (erectile dysfunction), 314, 315
 EDG (esophagogastroduodenoscopy), 198
 EEG (electroencephalogram), 9, 373
 EEG (electroencephalography), 373, 374
 EENT(eyes, ears, nose, and throat), 716, 725
 Efavirenz, 887t
 EF (ejection fraction), 432
 Efferent lymphatic vessel, 549f
 Efferent nerves, 344-345, 346f, 355
 Efferent neurons, 353f
 Effexor XR. *See* Venlafaxine, extended
 Effusion, pleural, 465, 471, 475, 479f
 EGFR (epidermal growth factor receptor), 827
 Egg, 35f, 270
 Egg cell, 35f
 Ego, 924, 937
 Ejaculation, 315, 933
 Ejaculatory duct, 314, 315
 Ejection fraction (EF), 432
 EKG. *See* Electrocardiogram (ECG)
 -elasma, 661
 Elastic layer, of artery, 399f
 Elavil. *See* Amitriptyline
 Elbow, 597t
 Elbow bone, 589
 Electricity, 4
 combining form for, 9
 Electr/o, 9
 Electrocardiogram (ECG), 4, 9, 406, 407f, 408
 rhythm strips, 429f
 Electrocardiography (ECG), 428
 Electrocautery, 658
 Electroconvulsive therapy (ECT), 934, 938
 Electrodesiccation, 673
 Electroencephalogram (EEG), 9, 373
 Electroencephalograph, 78
 Electroencephalography (EEG), 78, 373, 374
 Electrolyte replacement, 904.e1
 Electrolytes, 216, 221, 753, 761, 776
 Electromyography (EMG), 620
 Electron beam computed tomography (EBCT), 426
 Electron beams, in cancer therapy, 811, 818
 Electron beam tests, for cardiovascular system, 425
 Electronystagmography (ENG), 725

- Electrophoresis, 507, 510
lipoprotein, 425
Electrophysiology (EPS), 432
Elimination, 140, 150
ELISA (enzyme-linked immunosorbent assay), 562
Em-, 467
-ema, 467
EMB (endometrial biopsy), 288
Embolism, 369, 369f
Embolism, pulmonary, 422, 423f
Embolization, uterine artery, 276
Embolus(i), 371, 420, 424
Embryo, 35, 109, 258, 263f, 266, 513
Embryonal adenocarcinoma, 806f
Embryonal carcinoma, 319
Embryonic cell, 596
Emesis, 188
-emesis, 188
Emetic, 900
Emetophobia, 941t
EMG (electromyography), 620
-emia, 13, 77, 514, 765
EMLA (eutectic mixture of local anesthetics), 887t
Emphysema, 471
Empyema, 467
Emulsification, 148, 150
En-, 113, 766
Enalapril, 893t
Enamel, 142, 151
En bloc resection, 810
Enalapril maleate, 893t
Enamel, 142, 151
Encapsulated, 819
Encephalitis, 358
Encephal/o, 9, 74, 358
Encephalopathy, 368
HIV, 368
End-, 15, 113, 272
Endarterectomy, 431
Endemic goiter, 767, 775t
Endo-, 15, 113, 272
Endobronchial ultrasound (EBUS), 477
Endocarditis, 420
Endocardium, 404, 408
Endocervical curettage (ECC), 288
Endocervicitis, 277
Endocrine drugs, 892-894, 894t, 900
Endocrine glands, 8, 748
abnormal conditions of, 775t
hormones and their actions, 758t
Endocrine system, 747-795
abbreviations, 777
action of endocrine tissue, 749t
adrenal cortex pathology, 768-769
adrenal glands, 752-753
adrenal medulla pathology, 769
clinical procedures, 776
combining form for
glands, 762
related terms, 762-764
hormone secretion by, 752
laboratory tests, 776
organs of, 40
ovaries, 757
pancreas, 754
pathology, 766-775
parathyroid glands, 751-752
pathology, 766-775
pituitary gland, 755-757
pathology, 773-775
prefixes for, 765
pronunciation of terms for, 790-793
suffixes for, 765
testes, 758
thyroid gland, 750-751
pathology, 766-767
vocabulary, 759-761
Endocrinologist, 15
Endocrinology, 13
Endodontist, 156
Endolymph, 717, 719, 722
Endometrial cavity, x-ray of, 853
Endometrial biopsy (EMB), 288
Endometrial cancer, 275
Endometrioma, 275
Endometriosis, 275
Endometritis, 277
Endometrium, 260, 262f, 266, 275
Endoplasmic reticulum, 36, 37
Endorphins, 349
Endoscope, 14, 81, 196
Endoscopic retrograde
cholangiopancreatography (ERCP), 194, 195f, 852
Endoscopic ultrasonography (EUS), 197, 200, 851, 867
Endoscopy, 14, 198
gastric, 123
gastrointestinal, 196
Endothelium, 398, 399f, 408
Endotracheal tube, 113
Endotracheal intubation, 123, 478, 478f
Endovascular aneurysm repair (EVAR), 421f, 433
Enema, barium, 194f
Enlargement, 79, 705
ENG (electronystagmography), 725
Enoxaparin sodium, 890t
ENT (ears, nose, and throat), 725
Enteritis, 9
Enter/o, 9, 155, 191
Enterocolitis, 154
Enteroenterostomy, 155
Enteropathy, 14
Entomophobia, 941t
Entropion, 710t
Enucleation of eye, 714
Enuresis, 227
Environmental agents
cancer-causing, 801-802
role in carcinogenesis, 803f
Enzyme-linked immunosorbent assay (ELISA), 562
Enzymes, 151
-ase suffix, 158
digestive, 140
pancreatic, 149f
salivary, 142
Eos (eosinophils), 524
Eosin/o, 512
Eosinophilia, 519
Eosinophils, 85, 86f, 504, 510
Ependymal cells, 349, 349f, 356
Ependymoma, 368
Epi-, 15, 56, 113, 823
Epicondyle, 581t
Epidermal growth factor receptor (EGFR), 813, 827
Epidermis, 313, 314f, 315, 317
Epidermoid tumor cells, 804, 823
Epidermolysis, 658
Epididymis(ides), 313f, 314f, 315
Epididymitis, 317
Epididym/o, 317
Epidural block, 361f
Epidural hematoma, 358, 358f
Epidural space, 361f
Epigastric, 15
Epigastric region, 46
Epiglottis, 143f, 459, 462, 464
Epiglottitis, 464
Epiglott/o, 464
Epilepsy, 365
Epinephrine, 349, 753, 759, 760, 895t
Epiphyseal line (epiphyseal plate), 580
Epiphyseal plate, 592
Epiphysis, 580, 592
Episi/o, 268
Episiotomy, 268
Epistaxis, 471
Epithelial cell, 38f, 56
Epithelial tissue, 38, 39f
carcinomas derived from, 803t
Epithelium, 657
squamous, 657
Epivir. *See* Lamivudine
EPO (erythropoietin), 216, 221, 504, 510, 514, 748, 749t, **817e**, 887
Epogen. *See* Erythropoietin (EPO)
EPS (electrophysiology), 432
Epstein-Barr virus (EBV), 520
Equal, combining form for, 512
Equilibrium, vertigo and, 723
Equin/o, 602
-er, 82
Erbix. *See* Cetuximab
ERCP (endoscopic retrograde
cholangiopancreatography), 194, 195f, 852
Erectile dysfunction (ED), 314, 315
ER (estrogen receptor), 278, 824
Erg/o, 901
Erlotinib, 816, **817e**
Erosion(s)
cervical, 275
cutaneous, 662, 663f
ERs (estrogen receptors), 816
Eructation, 160
Ery-Tab. *See* Erythromycin
Erythema, 658
Erythema infectiosum, 666, 667f
Erythemat/o, 658
Erythem/o, 658
Erythremia, 517
Erythr/o, 9, 74, 512
Erythroblast, 503f, 510, 512
Erythroblastosis fetalis, 119, 281
Erythrocytes, 9, 9f, 13, 85, 86f, 460, 502, 509f, 510, 515-517, 515t, 515f, 516, 520, 521, 550, 517
Erythrocyte sedimentation rate (ESR), 520, 617
Erythromycin, 887t
Erythropenia, 79
Erythropoietin (EPO), 216, 221, 504, 510, 514, 748, 749t, **817e**
Escitalopram, 890t, 935f
Escitalopram oxalate, **904e**
Eso-, 83, 153, 706t
Esomeprazole, 895t
Esomeprazole magnesium, **904e**
Esophageal, 154
Esophageal atresia, 190
Esophageal cancer, 162
Esophageal sphincter, 145
Esophageal varices, example of, 163f
Esophag/o, 156, 191
Esophagogastroduodenoscopy (EGD), 198
Esophagus, 143, 144, 151, 156, 162, 198f, 458, 804t
x-ray images of, 194
Esotropia, 706, 711, 711f
ESR (erythrocyte sedimentation rate), 520, 617
Essential hypertension, 231, 422
-esthesia, 360
Esthesi/o, 360
Esthes/o, 899
Estimated date of confinement (EDC), 288
Estradiol, 760
Estr/o, 763
Estrogenic, 763
Estrogen, 258, 262, 266, 760, 893, 894t, 900, **904e**
Estrogen receptors (ERs), 278, 824
Estrogen(s), 258, 262, 266, 753, 757, 760, 816, 893, 894t, 900, **904e**
Estrone, 757
ESWL (extracorporeal shock wave lithotripsy), 234
Etanercept, 893t
Ethambutol, 889t

Ether, 887t
 Ethm/o, 583
 Ethmoid bone, 585t
 Ethmoidal cells, 585f
 Ethmoid bone, 583, 585f
 Eti/o, 159
 Etiology, 159
 ETT (exercise tolerance test), 429, 861
 ETT-MIBI (exercise tolerance test plus Tc 99m sestamibi), 427, 433
 Eu-, 113, 765
 Eulexin. *See* Flutamide
 Eumelanin, 653
 Euphoria, 927, 924, 941
 EUS (endoscopic ultrasonography), 196, 856
 Eumelanin, 653
 Eustachian tube, 717, 719, 720
 Euthymic, 941
 Euthyroid, 113, 763
 EVAR (endovascular aneurysm repair) 421f, 433
 Eversion, 858
 Every hour (q.h., qh; quaque hora), 903t
 Every 2 hours (q2h), 903t
 Every morning (qAM), 903t
 Every (q; quaque), 903t
 Evista. *See* SERMs (selective estrogen receptor modulators)
 Ewing sarcoma, 598, 805t
 Ex-, 15, 113
 Examination, visual, suffix for, 14, 81
 Exanthematous viral diseases, 666
 Excess, prefix for, 113, 118
 Excessive, prefix for, 765
 Excision, 8, 13, 15, 77
 Excisional biopsy, 810
 Excretory system, organs of, 39
 Exemestane, 894t
 Exenteration, 286, 810
 Exercise tolerance test (ETT), 429, 861
 Exercise tolerance test plus Tc 99m sestamibi (ETT-MIBI), 427, 433
 Exfoliative cytology, 825
 Exhalation, 460, 461f
 Exhibitionism, 929
 Exo-, 15
 Exocrine gland cells, 754f
 Exocrine glands, 15, 471, 748
 Exophthalmic goiter, 775t
 Exophthalmometry, 776
 Exophthalmos, 15, 113, 766, 766f
 Exostosis(es), 598
 Exotropia, 711, 711f
 Expectoration, 465
 Experimental psychology, 938
 Experimental research, in psychology, 922
 Expiration, 460, 461f, 462
 Expiratory flow rate (FEV1), 478
 Expressive aphasia, 361
 Extension, 613, 614, 858
 External auditory meatus, 716
 External beam irradiation, 810, 815, 819
 External ear, 717f
 External genitalia, female, 259f
 External respiration, 458
 Extracorporeal, 234
 Extracorporeal circulation, 431
 Extracorporeal membrane oxygenation (ECMO), 431
 Extracorporeal shock wave lithotripsy (ESWL), 234
 Extremity, 74, 558f
 Exudate, 473, 475, 704, 708
 Eyeball
 enucleation, 714
 protrusion, 766
 Eyelid, 74, 80f, 702, 704, 708, 710t
 abnormalities, 710t
 in Bell palsy, 366f
 chalazion on, 708

Eyelid (*Continued*)
 combining form for, 74, 702, 704
 ptosis of, 80f
 Eye(s)
 abbreviations, 716
 anatomy and physiology of, 695-700
 clinical procedures
 diagnostic, 712-713
 treatment, 714-716
 combining form for, 11, 75, 703, 704
 conditions, 705-706
 structures and fluids, 702-705
 errors of refraction, 706
 movement, cerebral area for, 8f
 pathology, 708-711
 pronunciation of terms for, 740-743
 structure of, 697f
 suffixes for, 706
 vocabulary, 700-701
 Eye socket, 584f
 Ezetimibe, **904e**

F

Face, 156
 Facet joints, 586f
 Facial, 156
 Facial bones, 584, 584f, 592
 Facial nerve (CN VII), 346f
 Facial surface of tooth, 141f
 Faci/o, 156
 Factor IX, 517
 Factor VIII, 508, 517
 Fainting, 362
 Falling, suffix for, 80, 109
 Fallopian tube, 258, 260, 266, 271, 272, 283, 286, 853
 pathology of, 277
 False ribs, 589
 Family therapy, 933, 938
 Famotidine, 895t
 Far, prefix for, 823
 Farsightedness, 706
 Fascia, 611, 614, 615
 Fasciectomy, 615
 Fast, prefix for, 118
 Fasci/o, 615
 Fasciotomy, 615, 615f
 Fasting blood glucose (FBG), 777
 Fasting blood sugar (FBS), 775, 776, 777
 Fasting plasma glucose (FPG), 775, 776
 Fat cell, 654
 Fat pad, of knee, 603f
 Fat(s)
 combining form for, 53, 74, 158, 410, 658, 659, 661
 deposition in artery, 80
 emulsification by bile, 150
 in feces, 161
 liposarcoma, 805t
 saturated and polyunsaturated, 425
 Fatty acids, 140, 151
 Fatty liver, 195f
 Fatty tissue, of breast, 261
 FBG (fasting blood glucose), 777
 FBS (fasting blood sugar), 776, 777
 FDA (Food and Drug Administration), 883, 897
¹⁸F-FDG (fluorodeoxyglucose), 860
 Fear, phobic disorders, 79, 925, 940
 Fecal occult blood test (FOBT), 200
 Feces, 140, 146, 151, 193
 Feeling, suffix for, 109, 360, 901, 941
 Fe (iron), 526
 Felbamate, 890t
 Felbatol. *See* Felbamate
 Female reproductive system. *See also* Pregnancy
 abbreviations, 288
 clinical tests and procedures, 282-287
 combining form for, 10, 269, 763
 gynecologic/breast pathology, 274-287
 hormonal interactions, 265-266
 Female reproductive system (*Continued*)
 menstrual cycle, 262-263
 organs of, 258-261
 prefixes for, 272
 pronunciation of terms for, 303-308
 suffixes for, 271
 vocabulary, 266-268
 Female urinary system, 218f
 Femara. *See* Letrozole
 Femoral, 597
 Femoral artery, 401f, 422, 428f
 Femoral components, of total hip arthroplasty, 619
 Femoral head, 582
 Femoral nerve, 345f
 Femor/o, 597
 Femur, 582f, 590, 591t, 597
 Fenestrated, 723
 Fenofibrate, **904e**
 -ferent, 355
 -ferous, 318
 Fertilization, 258, 266, 261f
 in vitro, 287
 Fetal alcohol syndrome, 120f
 Fetal heart rate (FHR), 288
 Fetal monitoring, 287
 Fetal presentation, 272
 Fetishism, 929
 Fetus, 258, 266, 272, 280, 287, 579, 855f
 Fever, combining form for, 901
 Fever blisters, 162
 FEV₁ (forced expiratory volume in 1 second), 478, 481
 Fexofenadine, 891t
 FHR (fetal heart rate), 288
 Fiber, combining form for, 821
 Fiberoptic bronchoscopy, 477f
 Fiberoptic colonoscopy, 825
 Fibrillation, 414
 atrial, 414
 Fibrils, contracting, 611f
 Fibrin, 509f, 510
 Fibrin clot, 508
 Fibrinogen, 506, 507f, 508, 509f, 510, 514
 Fibr/o, 821
 Fibrocystic disease, 280
 Fibroids, 270, 276f
 uterine, 276
 Fibromyalgia, 615
 Fibrosarcoma, 805t
 Fibrosis, 813
 pulmonary, 474
 Fibrous ankylosis, 604, 606
 Fibrous connective tissue, 615
 Fibrous tissue, of breast, 261
 Fibula, 591, 591t, 597, 598
 Fibular, 590, 591t, 597, 598
 Fibul/o, 597
 -fication, 594
 Fields, 811, 819
 Fifth disease (erythema infection), 667, 667f
 Filgrastim, **817e**
 Film badge, 848
 Filtration, 219, 221
 glomerular, 219, 219f
 Fimbria(ae), 260, 266
 Fine needle aspiration (FNA), 810
 Finger bones, 590
 Fingers, 108t
 syndactyly, 122, 117f
 Fins, of fish, 54f
 First, 273, 822
 First-degree burns, 665
 First molar, 141f
 First premolar, 141f
 Fissure, 662, 663f
 anal, 164
 bone, 581t, 592
 cutaneous, 663f
 orbital (eye socket), 585f

- Fistula
 - anal, 164f
 - arteriovenous, 234
 - bronchopleural, 463
 - tracheoesophageal, 190
 - Fissure, 581t
 - Fixation, suffix for, 319
 - Flagellum, 312, 315
 - Flat affect, 929
 - Flat bones, 579
 - Flatulence, 160
 - Flatus, 160
 - Flesh, combining form for, 12
 - Flesh wound, 118f
 - Flexion, 613, 614, 858
 - Flex/o, 108
 - Flexor tendons, 608f
 - Floater, 711
 - Floating ribs, 589
 - Flomax. *See* Tamsulosin
 - Floortime Therapy, 943
 - Flow, -rrhea suffix, 109, 109t, 189
 - Floxin. *See* Ofloxacin
 - Fluconazole, 889t
 - Fludara. *See* Fludarabine
 - Fludarabine, 815t
 - Fluid
 - abnormal accumulation in abdomen, 159
 - accumulation in spaces of brain, 282
 - aqueous humor, 697, 700f
 - combining form for, 75, 317
 - interstitial, 546, 547f, 547t, 554, 556, 557
 - in lung, 467f
 - removal from abdomen, 199
 - synovial, 602, 603
 - Fluid sac, combining form for, 821
 - Flunisolide, 895t
 - Fluorescein angiography, 712
 - Fluorodeoxyglucose (¹⁸F-FDG), 860
 - Fluoroscopy, 854
 - 5-Fluorouracil (5-FU), 815t
 - Fluothane. *See* Halothane
 - Fluoxetine, 890t, 935f
 - Fluoxymesterone, 894t
 - Flushing, 658
 - Flutamide, 815t, 816, 894t
 - Fluticasone propionate, 895t
 - Flutter, 414
 - atrial, 429f
 - Fluvestrant, 894t
 - Fluvoxamine, 935f
 - FNA (fine needle aspiration), 810
 - FOBT (fecal occult blood test), 200
 - Folex. *See* Methotrexate
 - Foley catheter, 236
 - Folic acid, 902t
 - Follicles
 - hair, 345f, 651f, 652f, 653, 654-655
 - ovarian, 260
 - Follicle-stimulating hormone (FSH), 265, 266, 756, 757f, 760,
 - Follicular, 821t
 - Follicular lymphoma, 561, 808
 - Follicular non-Hodgkin lymphoma, 808f
 - Follicul/o, 821
 - Fontanelles, 282, 582, 592
 - Food
 - passageway through GI tract, 149f
 - pathway through GI tract, 149f
 - Food and Drug Administration (FDA), 883, 897
 - Foot bones, 590, 591f, 616
 - Footling breech, 272
 - Foramen, 581t, 582f, 592
 - Foramen magnum, 581t, 583, 592
 - Forced expiratory volume in 1 second (FEV1), 481
 - Forced vital capacity (FVC), 481
 - Forceps, 87f
 - Forearm bone, 589
 - Forensic psychiatrists, 922
 - Foreskin, 314
 - Forking, combining form for, 108
 - Formation
 - of bone, 578-581
 - combining form for, 108, 227, 512, 822
 - Formoterol, 895t
 - Formoterol plus budesonide, 895t
 - Fortaz. *See* Ceftazidime
 - Forward, prefix for, 115, 116
 - Fosamax. *See* Alendronate
 - Fossa, 581t, 582f, 592
 - Four times a day (q.i.d., qid; quater in die), 903t
 - Four, prefix for, 765
 - Fovea centralis, 698, 701
 - FPG (fasting plasma glucose), 776
 - fract, 701
 - Fractionation, 811, 819
 - Fracture(s), types of, 599, 599f
 - Fragmin. *See* Dalteparin
 - Fraternal twins, 312, 315, 315f
 - Free association, 933, 938
 - Freud, Sigmund, 924
 - Friction rub, 469
 - Frigidity, 933
 - Frontal bone, 52, 53, 585t
 - Frontal (coronal) plane, 52, 53
 - Frontal lobe, 350f
 - Frontal sinus, 585f
 - FSH (follicle-stimulating hormone), 265, 266, 756, 757f, 760
 - 5-FU (5-fluorouracil), 815t
 - Fugue, 926, 937
 - Fulguration, 810
 - Full-thickness burn injury, 665
 - Fulvestrant, 892t
 - Function, impaired interpersonal, schizophrenia associated with, 929
 - Functional gastrointestinal disorder (FGID), 166
 - Fundus, 260, 698f
 - of eye, 698, 701
 - of stomach, 145
 - Fungal infection, 660, 667-668, 667f
 - Fungal tests, 673
 - Fungating tumors, 802, 807
 - Fung/i, 821
 - Fungilin. *See* Amphotericin B
 - Fungus, 660, 673, 669, 821, 901
 - Furc/o, 108
 - Furosemide, 893t
 - fusion, 109
 - FVC (forced vital capacity), 481
- G**
- G tube, 191
 - GABA (gamma-aminobutyric acid), 374
 - Gabapentin, 890t
 - GAD (generalized anxiety disorder), 926
 - Gadolinium (Gd), 428, 857
 - Ga (gallium), 827
 - Gait, 371
 - unsteady, 365
 - Galact/o, 268
 - Galactorrhea, 268
 - Gallbladder (GB), 145, 147-149, 147f, 151, 154, 167-169
 - CT scan of, 195f
 - pathologic conditions of, 167-169
 - Gallstones, 167, 167f, 168f
 - Gamete, 258, 266
 - Gamma-aminobutyric acid (GABA), 374
 - Gamma camera, 859, 862
 - Gamma globulins, 504
 - Gamma Knife, 373
 - Gamma Knife surgery, 812
 - Gamma rays, 848, 858, 862
 - Gamophobia, 941t
 - Ganglion(ia), 348, 356, 367, 608
 - basal, 352f
 - Ganglion cyst, 609f
 - Gangrene, 667, 667f
 - Gantrisin. *See* Sulfisoxazole
 - Gardasil, 274
 - Gas, expelled, 160
 - Gastrectomy, 9
 - Gastric, 13
 - Gastric adenocarcinoma, 800
 - Gastric bypass, 158, 197
 - Gastric cancer, 165, 803f
 - Gastric endoscopy, 123
 - Gastrin, 749t
 - Gastritis, 4
 - Gastr/o, 9, 156, 191
 - Gastrocnemius, 612f
 - Gastroenteritis, 191
 - Gastroenterologist, 26
 - Gastroenterology, 4, 5, 14
 - Gastroesophageal reflux disease (GERD), 162, 892
 - Gastrointestinal drugs, 894-895, 900
 - Gastrointestinal endoscopy, 198
 - Gastrointestinal (GI), 140
 - Gastrointestinal (GI) tract, 144f
 - carcinomas, 807t
 - endocrine tissue in, 754t
 - lower, pathologic conditions of, 164-167, 194
 - pathway of food through, 149f
 - upper, pathologic conditions of, 162-163, 194
 - Gastrointestinal stromal tumor (GIST), 805t
 - Gastrojejunostomy, 197
 - Gastroparesis, 772
 - Gastrorrhagia, 189
 - Gastrostomy, 191
 - Gastrostomy tube (G tube), 200
 - Gastrotomy, 9
 - GB (gallbladder), 145, 147-149, 147f, 151, 154
 - CT scan of, 195f
 - pathologic conditions of, 167-169
 - G-CSF (granulocyte CSF), 524
 - Gd (gadolinium), 428, 857
 - g/dL (gram per deciliter), 524t
 - Gefitinib, **817e**
 - Gemcitabine, 815t
 - Gemtuzumab ozogamicin, **817e**
 - Gemzar. *See* Gemcitabine
 - gen, 109, 514
 - Gender identity disorders, 929-930, 932t, 937
 - Gene fragments, bcr-abl, 800-802
 - General anesthetic, 885t, 886
 - Generalized anxiety disorder (GAD), 925, 926, 932t, 936, 942
 - Generic name of drug, 897
 - Genes, 37, 800
 - in hereditary cancers, 803t
 - suppressor genes, 802
 - genesis, 77, 319, 803, 823
 - Genetic screening, 803, 819
 - Genetics, combining form for, 821
 - genic, 13, 83, 940
 - Genital herpes, 277
 - Genital warts, 324, 324f
 - Genitalia, 267
 - female external, 259f
 - Genitourinary (GU), 326
 - Geodon. *See* Ziprasidone
 - Gephyrophobia, 941t
 - GERD (gastroesophageal reflux disease), 162, 892
 - Germ cell tumor, 806t
 - German measles, 666
 - Gestation, 258, 267
 - multiple, 280
 - Gestational diabetes, 772
 - GFR (glomerular filtration rate), 232
 - G (gravid), 271
 - GH (growth hormone), 756, 757f, 760, 774
 - hypersecretion of, 773, 774
 - Gigantism, 774

- GI (gastrointestinal), 200
 Gingiva, 141f
 Gingivectomy, 162
 Gingivitis, 161f, 162
 Gingiv/o, 156, 192
 GIST (gastrointestinal stromal tumor), 805t
 Gland(s). *See also* Ovary(ies); Testis(es)
 adrenal. *See* Adrenal glands
 combining form for, 6, 74, 762
 endocrine, 748
 exocrine, 8, 13, 748
 pituitary. *See* Pituitary gland
 prostate. *See* Prostate gland
 salivary, 142, 143f
 sebaceous, 652, 653f, 656f
 sweat, 345f, 650, 651f, 654, 654f
 thyroid. *See* Thyroid gland
 Glandular tissue
 of breast, 261f
 carcinomas, 804t
 Glans penis, 314, 315, 317, 317f
 Glass, combining form for, 864
 Glassy, combining form for, 705
 Glauco/o, 705
 Glaucoma, 705, 708, 709f
 POAG, 716
 Gleason score, 328
 Gleevec. *See* Imatinib mesylate
 Glenoid labrum, 589f
 Glenoid fossa, 589, 589f
 Glial cells, 348-349, 349f, 356, 358, 805t
 Gli/o, 358
 Glioblastoma, 358, 368f
 Glioblastoma MRI, 368f
 Glioblastoma multiforme, 805t
 Gliomas, 368, 806, 815t, 829
 Glipizide, 778, 888t
 Globe, combining form for, 513
 Globin, 502, 504
 -globin, 13, 514
 -globulin, 514
 Globulins, 506, 507, 510
 Glomerular capsule, 218f, 219, 221
 Glomerular filtration, 219f
 Glomerular filtration rate (GFR), 232
 Glomerul/o, 223
 Glomerulonephritis, 229
 Glomerulus(i), 218f, 219, 221, 223, 229
 Glossectomy, 192
 Gloss/o, 108, 156, 192
 Glossopharyngeal nerve (CN IX), 346f
 Glottis, 462
 Glucagon, 754, 755f, 760, 763
 Gluc/o, 158, 192, 763
 Glucocorticoids, 761, 893, 894t, 900
 Glucometer, 770, 776
 Gluconeogenesis, 148, 158
 Glucophage. *See* Metformin
 Glucose, 140, 148, 151, 754, 776
 blood levels of, 754
 fasting plasma glucose test, 776
 in urine, 229
 Glucose tolerance test, 775
 Glucose tolerance test (GTT), 777
 Glucotrol XL. *See* Glipizide
 Gluteus maximus, 612f
 Gluteus medius, 612f
 Glyburide, 778, 890t
 Glycemic, 763
 Glyc/o, 10, 108, 158, 192, 763
 Glycogen, 148, 151, 158, 754, 763
 Glycogen/o, 158
 Glycogenolysis, 148, 158
 Glycosides, cardiac, 892, 893t, 900
 Glycosuria, 227
 Glycosylated hemoglobin (HbA1c) test, 775
 gm, g (gram), 903
 GM-CSF (granulocyte-macrophage CSF), 524
 Gnos/o, 10
 GnRH (gonadotropin-releasing hormone), 288
 Goiter, adenomatous, 766
 Gold salts, 606
 Gonad/o, 762
 Gonadotropic hormones, 756
 Gonadotropin-releasing hormone (GnRH), 288
 Gonadotropins, 762
 Gonads, 258, 267
 Gon/o, 317
 Gonococci, 84
 Gonococcus, 84
 Gonorrhea, 277, 322, 323f
 Goserelin, 892t
 Gout, description of, 606
 Gouty arthritis, 606
 Grading of tumors, 808
 Graft
 bifurcated synthetic, 421f
 CABG, 419, 430, 430f, 432
 skin, 674f
 Graft-versus-host disease (GVHD), 523
 -gram, 13, 77, 864
 Gram (gm, g), 903t
 Gram per deciliter (g/dL), 524
 Gram-negative bacteria, 85f
 Gram-positive bacteria, 85f
 Grand mal seizures, 365, 371
 Granules, 512
 Granul/o, 512
 Granulocyte, 85, 503f, 504, 505, 510, 519
 Granulocyte CSF (G-CSF), 504, 524, 563
 Granulocyte-macrophage CSF (GM-CSF), 504, 525t, 563
 Granulocytes, 82, 504, 506t, 512t
 Granulocytopenia, 519
 Granulocytosis, 519
 Granulomas, 474
 on eyelid, 708, 710t
 -graph, 77
 Graphomotor projection tests, 922
 Graphophobia, 941t
 -graphy, 77, 864
 Graves disease, 111, 766
 -gravida, 271
 Gravida (G), 288
 Gray (Cy), 705, 819
 Gray matter, 353
 Greater trochanter, 581t, 582f
 Greek, medical terminology associated with, 6
 GreenLight PVP (photoselective vaporization of prostate), 325
 Greenstick fracture, 599f
 Grinder's disease, 472
 Groin, 54, 75
 Gross description of tumors, 808-809, 819
 Group therapy, 933, 938
 Growth, suffix for, 80, 109, 596, 764, 823
 Growth factor gene (HER2-neu), 823
 Growth hormone (GH), 756, 757f, 760, 774
 hypersecretion of, 773, 774
 Growth hormone-release inhibiting factor, 891, 892t
 GTT (glucose tolerance test), 775
 gtt (guttae; drops), 903t
 G tube (gastrostomy tube), 200
 Guaiac test, 193
 GU (genitourinary), 326
 Gums, 141, 156, 161f
 tumors of, 804
 Guttae (gtt; drops), 896t
 GVHD (graft-versus-host disease), 523
 Gy (Gray), 705, 819
 Gynec/o, 10, 269
 Gynecologist, 26
 Gynecology (GYN), 10, 258, 267, 284-286
 Gynecomastia, 269
 Gynephobia, 941t
 GYN (gynecology), 10, 258, 267, 284-286
 Gynophobia, 941t
 Gyri, brain function and, 350
 Gyrus(i), 356
 in AD, 364f
H
 HAART (highly active antiretroviral therapy), 559
 Hair, 654-655, 664
 Hair follicles, 654, 655f, 657, 660
 Hair root, 651f, 655f
 Hairy cell leukemia (HCL), 525, 815t
 Halcion. *See* Triazolam
 Haldol. *See* Haloperidol
 Half, prefix for, 113
 Half-life, 858, 862
 Hallucination, 924, 925, 929, 937, 939
 Hallucin/o, 939
 Hallucinogens, 931, 932f, 939
 dependence on, 931
 Hallux valgus, 607
 Haloperidol, 367, 896t, 934, 935f,
 Halothane, 887t
 Hammer bone, 719
 Hamstrings, 612f
 Hand, radiograph of, 849f
 Hand bones, 589-590, 608
 Hand-Foot-Mouth disease, 666, 667f
 H and H (hemoglobin and hematocrit), 525
 Hard, combining form for, 704, 822
 Hard palate, 140
 Hardening, suffix for, 80
 Hardness, combining form for, 659
 Hashimoto disease, 762
 Hashish, dependence on, 931
 Haversian canals, 581, 593
 HbA_{1c} (glycosylated hemoglobin) test, 775
 H₂ blocker (histamine H2 receptor antagonist), 887-888, 896, 903t
 HBV (hepatitis B virus), 169, 200
 HCG (human chorionic gonadotropin), 263, 267, 748, 749t
 hCG (human chorionic gonadotropin), 263, 267, 748, 749t
 HCL (hairy cell leukemia), 525, 815t
 HCO₃⁻ (bicarbonate), 239, 481
 Hct (hematocrit), 512, 520, 521
 HD (hemodialysis), 234
 HD (Hodgkin disease), 560, 561, 562, 805t, 813f
 chemotherapeutic regimens for, 815t
 HDL (high-density lipoprotein), 425
 HDN (hemolytic disease of the newborn), 119, 281
 Head
 of bone, 581, 582f
 combining form for, 7
 planes of, 71
 Headache, migraine, 281, 370
 Heaf test, 480
 Hearing
 cerebral area for, 8f
 combining form for, 720
 Hearing aids, 723f
 Heart, 42f, 43f
 anatomy of, 402-404
 combining form for, 7, 410
 conduction system of, 405-406
 pathology, 412-421
 pathway of blood through, 400, 404f
 physiology of, 405-406
 right and left sides of, 400
 root for, 4
 root plus combining vowel for, 6
 structure of, 403f
 walls and pericardium, 404f
 Heart attack, chemical evidence of, 425
 Heartbeat, 405, 405f
 Heart block, 412
 Heart disease
 chronic rheumatic, 420f
 congenital, 415
 hypertensive, 420
 rheumatic, 421

- Heart failure, congestive (CHF), 417
- Heart function, radionuclide detection of, 861f
- Heart–lung machine, 416, 431
- Heart muscle, 616t, 615
- Heart rate, Apgar score for, 281
- Heart rhythm, abnormal, 412
- Heart sounds, 405
- Heart transplantation, 431
- Heartburn, description of, 162
- Heart-lung machine, 431
- Heat, combining form for, 658, 821
- Heel bone, 591, 591t, 596
- HEENT (head, eyes, ears, nose, and throat), 716, 725
- H&E (hematoxylin and eosin), 827
- Helicobacter pylori, 163
- Helminthophobia, 941t
- Helper T cells (CD4⁺ cells), 552, 557
- Hematemesis, 188, 189
- Hemat/o, 10, 512
- Hematochezia, 160
- Hematocrit (Hct), 512, 520, 521
- Hematologist, 26
- Hematology, 4, 10
- Hematoma, 10, 11f, 358, 358f
 - subdural, 358, 358f
- Hematophobia, 941t
- Hematopoiesis, 503f, 581, 593
- Hematopoietic stem cells, 502, 503f, 510, 511, 519f, 522, 524f
 - transplantation, 524f
- Hematoxylin and eosin (H&E), 827
- Hematuria, 227, 247
- Heme, 502, 504
- Hemi-, 113
- Hemianopsia, 699, 706
- Hemiglossectomy, 113, 123
- Hemiparesis, 361
- Hemiplegia, 361
- Hem/o, 10, 74, 512
- Hemocult test, 193
- Hemochromatosis, 517
- Hemodialysis (HD), 234
- Hemoglobin and hematocrit (H and H), 525
- Hemoglobin (Hgb, HGB), 10, 85, 504f, 510, 512, 516, 517, 520, 521, 525
 - breakdown of, 504f
- Hemoglobin/o, 512
- Hemoglobinopathy, 512
- Hemoglobin S, 514
- Hemoglobin test, 521
- Hemolysis, 78, 160, 508, 510, 512
- Hemolytic anemia, 516
- Hemolytic disease of the newborn (HDN), 119, 281
- Hemophilia, 508, 517, 517f
- Hemophobia, 941t
- Hemoptysis, 189, 468
- Hemorrhage, 189
- Hemorrhagic stroke, 370, 369f
- Hemorrhoids, 165, 189, 423
- Hemostasis, 81
- Hemostat, 81f
- Hemothorax, 482–483
- Heparin, 504, 509, 510, 886
- Hepatic duct, 147
- Hepatic flexure, 144f, 192
- Hepatitis, 2, 10, 169
- Hepatitis A, 169
- Hepatitis B virus (HBV), 169
- Hepatitis C, 169
- Hepat/o, 10, 74, 156, 192
- Hepatobiliary iminodiacetic acid scan, 197
- Hepatocellular carcinoma, 13, 156t
- Hepatoma, 13, 829
- Hepatomegaly, 156t, 192
- Herceptin. *See* Trastuzumab
- Hereditary cancers, 802–803
- Hereditary non-polyposis colorectal cancer (HNPCC), 803t
- Hereditary spherocytosis, 513, 516
- Heredity, in carcinogenesis, 803f
- HER2-neu (growth factor gene), 827
- Her-2/neu receptor protein, 279
- Hernia, 76, 84, 163f
 - hiatal, 163
 - inguinal, 84, 163
- Herniated disk fragments, 610f
- Herniated nucleus pulposus (HNP), 609
- Herniation, of intervertebral disc, 609, 609f
- Herni/o, 192
- Hernioplasty, 189
- Herniorrhaphy, 189
- Heroin, 903, 931
- Herpes genitalis, 277, 323, 323f
- Herpes simplex virus (HSV), 277, 323, 558t
- Herpesvirus, 163, 368
- Herpes zoster, 368
- Herpetic stomatitis, 162
- hexia, 821t
- HGB (hemoglobin), 10, 85, 502, 504f, 510, 512, 516, 517, 520, 521
- Hgb (hemoglobin), 10, 85, 502, 504f, 510, 512, 516, 517, 520, 521
- h (hora; hour), 903
- Hiatal hernia, 163
- HIDA scan, 197
- Hidden, combining form for, 317
- Hidr/o, 658
- High-density lipoprotein (HDL), 425
- Highly active antiretroviral therapy (HAART), 559
- Hilar, 462
- Hilum, 216, 221, 460, 462
- Hindfoot, congenital abnormality of, 602
- Hindfoot bones, 591t
- Hipbone, 596
- Hip dislocation, 608
- Hip joint, 588f, 590–591
- Hip socket, 591t, 596
- Hirsutism, 768
- Histamine, 504, 901
- Histamine H₂ receptor antagonists (H₂ blockers), 887–888, 903
- Histi/o, 54
- Hist/o, 54, 803, 901
- Histogenesis, 803
- Histo (histoplasmosis), 558t
- Histologist, 38, 40
- Histology, 54
- Histoplasmosis (Histo), 558t
- Histrionic personality disorder, 928
- Hives, 560, 670, 670f
- HIV (human immunodeficiency virus), 557, 558, 562
 - routes of transmission, 558
- HIV (human immunodeficiency virus)
 - encephalopathy, 368
- HLA (human leukocyte antigen), 525
- HNPCC (hereditary non-polyposis colorectal cancer), 803t, 827t
- HNP (herniated nucleus pulposus), 609
- Hodgkin disease (HD), 560, 562, 805t, 813f, 815t
 - chemotherapeutic regimens for, 815t
 - staging of, 561f
- Hodophobia, 941t
- Holter monitoring, 429
- Home/o, 763
- Homeostasis, 752, 754, 761
- Hora (hour; h), 903
- Hora somni (at bedtime; h.s., hs), 903
- Hordeolum, 710, 710t
- Hormonal, 761
- Hormonal chemotherapeutic agents, 816
- Hormone replacement therapy (HRT), 266, 288, 601, 903
- Hormone(s), 759–761. *See also* specific hormones
 - actions of, 758t
 - adrenal, 347f
- Hormone(s) (*Continued*)
 - adrenal cortex, 753
 - combining form for, 763
 - in menstruation and pregnancy, 265–266
 - pituitary gland, 756
 - suffix for, 319
- Hormon/o, 763
- Hospital-acquired pneumonia, 473
- Hospital formulary, 883
- Hour (h; hora), 903
- How to take medication (Sig.), 903
- HPV (human papillomavirus), 274, 324
- HRT (hormone replacement therapy), 266, 288, 601, 903
- h.s., hs (at bedtime; hora somni), 903
- HSG (hysterosalpingography), 283, 853
- HSV (herpes simplex virus), 277, 323, 558t
- HTN (hypertension), 162, 231, 422
- Human chorionic gonadotropin (hCG), 263, 267, 748, 749t, 777
- Human immunodeficiency virus (HIV), 557, 558, 562
 - routes of transmission, 558
- Human immunodeficiency virus (HIV)
 - encephalopathy, 368
- Human leukocyte antigen (HLA), 525
- Human papillomavirus (HPV), 274, 324
- Human T cell leukemia virus, 801
- Humeral, 597
- Humer/o, 597
- Humerus, 582f, 589, 591t, 597
- Humoral immunity, 552, 552f, 554
- Hunchback, 594
- Huntington disease, 365
- Hyaline membrane disease, 281
- Hydr/o, 75, 317
- Hydrocarbons, 801
- Hydrocele, 320, 320f
- Hydrocephalus, 282, 362
- Hydrochloric acid, 145, 151, 158
- Hydrochlorothiazide, 891t
- Hydrocodone with APAP, 376, 885t
- Hydromorphone, 887t, 904
- Hydronephrosis, 224
- Hydrops, 722
- Hydrotherapy, 81
- Hydrothorax, 475
- Hydroureter, 224f
- Hymen, 259, 267
- Hypalgesia, 359
- Hyper-, 15, 113, 765
- Hyperacusis, 721
- Hyperalgesia, 359
- Hyperbilirubinemia, 147, 160
- Hypercalcemia, 767
- Hypercalciuria, 762
- Hypercholesterolemia, 410
- Hyperchromatism, 799
- Hyperesthesia, 360
- Hyperglycemia, 10, 113, 771
- Hyperinsulinism, 770
- Hyperkalemia, 226, 247, 765
- Hyperkinesis, 360
- Hyperlipidemia, 425
- Hypermetropia, 706
- Hypernephroma, 829
- Hyperopia, 706, 707f, 715
- Hyperparathyroidism, 767
- Hyperplasia, 114
 - adrenal, 768
 - prostatic, 325f
- Hyperpnea, 468
- Hypersecretion
 - by adrenal cortex, 768
 - by endocrine glands, 775t
 - by pancreas, 770
 - by parathyroid glands, 767

- Hypersecretion (*Continued*)
 by pituitary gland
 anterior lobe, 773-775
 posterior lobe, 775
 by thyroid gland, 766
 Hypersensitivity, 560
 Hypersplenism, 557
 Hypertension (HTN), 231, 422
 portal, 162
 renal, 231
 Hypertensive heart disease, 420
 Hypertensive retinopathy, 704
 Hyperthyroidism, 15, 766
 Hypertrophic cardiomyopathy, 410
 Hypertrophy, 82, 616
 left ventricular, 433
 of right ventricle, 416
 Hypertropia, 711
 Hyperuricemia, 606
 Hypn/o, 901, 939
 Hypnophobia, 941t
 Hypnosis, 933, 938, 939
 Hypnotics, 900, 931, 935f, 936
 Hypo-, 15, 56, 113, 765, 927, 942
 Hypoalbuminemia, 230
 Hypocalcemia, 768
 Hypochondriac region, 46
 Hypochondriasis, 930, 942
 Hypochromia, 517
 Hypochromic anemia, 512, 515f, 517
 Hypodermic, 8, 894
 Hypodermic injection, 113
 Hypodermic syringe, 885f
 Hypogastric, 15
 Hypogastric region, 46
 Hypoglossal, 156
 Hypoglossal nerve (CN XII), 346f
 Hypoglycemia, 15, 770, 771
 Hypogonadism, 762
 Hypoinsulinism, 765
 Hypokalemia, 763
 Hypomania, 927
 Hyponatremia, 226, 247, 763
 Hypoparathyroidism, 768
 Hypophysectomy, 764
 Hypophysis, 755, 759, 762
 Hypopituitarism, 762
 Hypopituitary dwarfism, 774
 Hyposecretion
 by adrenal cortex, 769
 by endocrine glands, 775t
 by pancreas, 770-772
 by parathyroid glands, 768
 by pituitary gland
 anterior lobe, 774
 posterior lobe, 775
 by thyroid gland, 767
 Hypospadias, 322, 323f
 Hypothalamus, 351, 352f, 356, 755, 756f, 761
 Hypothyroidism, 767
 Hypotropia, 711
 Hypoxia, 411, 465
 Hysterectomy, 269, 269f
 radical, 274
 TAH-BSO, 269
 Hyster/o, 269
 Hysterosalpingogram, 864
 Hysterosalpingography (HSG), 283, 853
 Hysteroscopy, 269
 Hysterosonogram, 864
- I
 -ia, 82
 IABP (intra-aortic balloon pump), 432
 -iac, 57, 83
 -iasis, 158
 Iatr/o, 10, 899, 922, 940
 Iatrogenic, 10, 886, 897
 Ibandronate sodium, 889t
 IBD (inflammatory bowel disease), 164, 166
 IBS (irritable bowel syndrome), 166
 Ibuprofen, 376, 887t
 Ibutilide, 893t
 -ic, 13, 83
 -ical, 13, 83
 ICD (implantable cardioverter-defibrillator), 414, 430
 Ichthy/o, 658
 Ichthyosis, 658, 659f
 IC (interstitial cystitis), 237
 ICP (intracranial pressure), 374
 Ictal events, 371
 ICU (intensive care unit), 481
 Id, 924, 937
 IDDM (type 1 diabetes), 10, 113
 Identical twins, 312, 314
 Idiopathic, 159
 Idiosyncrasy, 901
 Idiosyncratic reaction, 886, 895
 Ileal conduit, illustration of, 225f
 If it is necessary (s.o.s.; si opus sit), 903
 IgA, 510, 525, 552, 552f, 553f, 554, 563
 IgD, 510, 525, 552, 552f, 553f, 554, 563
 IgE, 510, 525, 552, 552f, 553f, 554, 563
 IgG, 510, 525, 552, 552f, 553f, 554, 563
 IgM, 510, 525, 552, 552f, 553f, 554, 563
 IGRT (intensity-modulated gated radiation therapy), 827
 IHC (immunohistochemistry), 824
 Ileal conduit, 225
 Ileitis, 156
 Ile/o, 156, 192
 Ileocecal sphincter, 152
 Ileocecal valve, 144f
 Ileostomy, 154f, 225f
 Ileostomy stoma, 154f
 Ileum, 2f, 145, 151, 156
 Ileus, 166
 meconium ileus, 282
 Iliac, 54, 597
 Iliac crest, 590
 Iliac region, 46
 IL (interleukin), 552, 554, 817, **817e**
 Ili/o, 54, 597
 Ilium, 2, 2f, 54, 590, 591t, 597
 Illusion, 924
 Imatinib mesylate, 816, **817e**
 IM (intramuscular), 621, 903
 IM (intramuscular) injection, 884
 Imipramine, 935f
 Immature tumor, 823
 Immune cell transfer, 553
 Immune reaction, 510
 Immune response, 118, 118f, 505
 Immune system
 abbreviations, 563
 combining form for, 556
 immunotherapy, 553
 laboratory tests and clinical procedures, 562-563
 natural and acquired immunity, 551-553
 pathology, 557-561
 prefixes for, 557
 pronunciation of terms for, 573-575
 vocabulary, 553-555
 Immunity
 cell-mediated, 552, 552f, 554
 natural and acquired, 551, 555
 Immun/o, 108, 556
 Immunodeficiency, 557-559
 Immunoelectrophoresis, 563
 Immunoglobulins (Ig), 507, 510, 551, 552, 552f, 554, 563
 Immunohistochemistry (IHC), 824
 Immunosuppression, 523, 556
 Immunotherapy, 553, 554
 Impacted fracture, 599, 599f
 Impaired interpersonal functioning, schizophrenia associated with, 929
 Impetigo, 667
 Implantable cardioverter-defibrillator (ICD), 414, 430
 Implantation
 and ectopic pregnancy, 112f
 of embryo, 263f
 Impotence, 314, 923
 IMRT (intensity-modulated radiation therapy), 827
 In-, 15, 113, 272
 -in, 765
 In vitro, 287, 858, 862, 862f
 In vivo, 858, 859, 862, 862f
 Incisal edge of tooth, 141f
 Incision, 8, 14, 81
 transurethral, of prostate, 325
 Incisional biopsy, 810
 Incisor, 141, 151
 Incontinence, urinary, 227
 Increase, prefix for, 765
 Incus, 716, 718f, 719
 Inderal. *See* Propranolol
 Indinavir, 889t
 Indirect bilirubin, 148f
 Indirect bilirubin test, 193
 -ine, 765
 Infarction, 374-375, 424, 418f
 cerebral, 369
 myocardial, 407f, 418, 418f
 pulmonary, 474, 475
 zone of, 418f
 Infection
 bacterial, 165
 combining form for, 108
 fungal
 Candida, 675
 tinea, 660, 661f
 MRSA, 84
 opportunistic, 557, 562
 of skin, 669
 STIs, 319-324
 UTIs, 226, 237
 Infectious diseases, mononucleosis, 520
 Infectious disorders, of nervous system, 368
 Inferior (positional term), 50, 51f, 53
 Inferior vena cava, 402, 404f, 405f
 Infertility, 813
 Infiltrate, 473, 475, 819
 Infiltrative tumors, 794, 798
 Inflammation
 of bone, 600
 of cervix, 275
 of joints, 606
 of liver, 169
 of mouth, 161
 of pancreas, 169
 suffix for, 4, 13, 78
 Inflammatory bowel disease (IBD), 164, 166
 Inflammatory tumors, 803
 Infliximab, 895t
 Infra-, 113
 Infracostal, 113
 Inframammary, 269
 Infrapatellar bursa, 603f
 Infusion, intravenous, 412
 Ingestion, 140
 Inguinal, 54, 75
 Inguinal hernia, 84, 163f
 Inguinal lymph nodes, 554
 Inguinal region, 46
 Inguin/o, 54, 75
 Inhalation, 460, 461f, 883t
 of drugs, 884-885, 897
 Inhalers, 895t
 INH (isoniazid), 889t, 903

Injection(s)
 Botox Cosmetic, 660
 DPT, 470
 intrathecal, 359
 parenteral administration of drugs via, 884
 Inkblots, 922, 923f
 Inner ear, 717-718, 717f, 718f
 Insertion of muscle, 612, 614
 Insight-oriented psychotherapy, 933, 939
 Insomniac, 113
 Inspiration, 460, 461f, 462
 Instillation, 884
 Instrument, 14, 596
 Insulin, 121f, 151, 231, 754, 760, 770, 775f, 778, 891, 890t
 actions of, 758
 long-acting, 890t
 production of, 149, 754
 rapid-acting, 890t
 short-acting, 890t
 types of, 770
 Insulin-dependent diabetes mellitus (IDDM). *See* Type 1 diabetes (IDDM)
 Insulin pump, 770f, 890
 Insulin resistance, 771
 Insulin shock, 771
 Integumentary system, 651-694
 Intelligence (IQ) tests, 922
 Intensity-modulated gated radiation therapy (IGRT), 827
 Intensity-modulated radiation therapy (IMRT), 807f, 827
 Intensive care unit (ICU), 481
 Inter-, 53, 113, 557
 Interatrial septum, 402
 Intercostal, 113
 Interferon, 552, 554, 817 **817e**
 Interferon alfa-n1, 889t
 Interferons, 552, 554, 817, **817e**
 Interleukins (IL1 to IL15), 552, 554, 817
 Intermediate-acting insulin, 770
 Intermittent claudication, 422
 Internal respiration, 458
 International TNM Staging System, 809t
 Interpersonal functioning, impaired, 929
 Interposition arthroplasty, 618
 Interstitial cells, 313
 Interstitial cells of the testes, 316
 Interstitial cystitis (IC), 237
 Interstitial fluid, 546, 546f, 554
 Interstitial nephritis, 229
 Interventional radiology, 850, 858
 Interventricular septum, 402
 Intervertebral, 56
 Intervertebral discs, 586, 592
 herniation of, 609
 Intestinal tract, inflammation of, 166
 Intestines, 43f, 155
 combining form for, 9, 155
 during pregnancy, 264f
 root for, 4
 telescoping of, 166
 Intra-, 113, 272
 Intra-aortic balloon pump (IABP), 432
 Intra-cytoplasmic sperm injection (ICSI), 287
 Intracavitary instillation, 884
 Intracerebral hematoma, 358f
 Intracranial pressure (ICP), 374, 708
 Intradermal injection, 884
 Intramural mass, 276f
 Intramuscular (IM), 621, 903
 Intramuscular (IM) injection, 884
 Intraocular, 703
 Intraocular lens (IOL), 715, 716
 Intraocular pressure (IOP), 708
 Intraoperative cholangiography, 852
 Intraoperative radiation therapy (IORT), 811
 Intrathecal injection, 884

Intrathecal instillation, 884
 Intrauterine device (IUD), 265, 273f
 Intravenous (IV), 114
 Intravenous (IV) injection, 884
 Intravenous pyelogram (IVP), 854
 Intravenous steroids, 895t
 Intrinsic factor, 516
 Intron. *See* Interferons
 Intubation
 endotracheal, 478, 478f
 nasogastric, 199
 Intussusception, 166, 166f
 Invasive, 819
 Invasive ductal carcinoma, 278f
 Invasive tumors, 794, 798
 Inversion, 858
 Invisibility of x-rays, 848
 In vitro, 858, 862
 In vitro fertilization (IVF), 287
 In vitro nuclear medicine tests, 854-857, 857f, 858, 862f
 In vivo, 858, 860, 862
 In vivo nuclear medicine tests, 858, 859, 862f
 Involuntary muscles, 612
 Involution of uterus, 273
 Iodine, 766
 Iodine radionuclide, 861
 Iodine compounds, 848-850
 Iodine-123 (¹²³I) scan, 857, 857f, 867
 Iod/o, 763
 IOL (intraocular lens), 715, 716
 -ion, 13
 Ionization, 849, 863
 Ionizing radiation, 820
 IOP (intraocular pressure), 708
 -ior, 57
 IORT (intraoperative radiation therapy), 811
 Ipratropium bromide, 895t
 Ipsilateral, 112, 121
 IQ (intelligence quotient), 922
¹³¹I (radioactive iodine isotope), 867
 Irbesartan, 891t
 Iridectomy, 703
 Iridic, 703
 Irid/o, 703
 Iris, 695, 701, 703
 Iritis, 703
 Ir/o, 703
 Iron deficiency anemia, 77
 Iron (Fe), 512, 513, 524
 combining form for, 513
 excess deposits in body, 517
 Irradiation, 810, 819
 external beam, 811, 819
 Irritable bowel syndrome (IBS), 166
 Ischemia, 77, 81f, 418
 coronary, 418f
 gangrene and, 667
 renal, 225
 Ischial, 597
 Ischi/o, 597
 Ischium, 590, 591t, 597
 Isch/o, 75
 Islet cell, 755f, 758t
 Islets of Langerhans, 748, 754, 755f
 -ism, 57
 Is/o, 512, 864
 Isocarboxazid, 935f
 Isograft, 236
 Isoniazid (INH), 887t
 -ist, 13, 82
 Isthmus of thyroid gland, 750
 Itching, 901
 -itis, 13, 77
 Itraconazole, 889t
 IUD (intrauterine device), 265, 273f
 -ium, 82
 IVF (in vitro fertilization), 287
 IV (intravenous), 884

IV (intravenous injection), 884
 IVP (intravenous pyelogram), 854

J

Jaundice, 147, 160, 160f
 in HDN, 119
 Jaund/o, 659t
 Jaw bone, 156
 Jejun/o, 156, 192
 Jejunum, 145, 151, 156
 Joint capsule, 602
 Joint(s)
 clinical procedures, 618-619
 combining form for, 7, 74, 604
 -desis suffix, 605
 hip, 590-591
 laboratory tests, 618
 pathology, 606
 temporomandibular, 583
 types of, 602
 vocabulary, 603

K

Kal/i, 763
 Kal/o, 226
 Kaposi sarcoma (KS), 562, 558, 559f, 672
 Kary/o, 54, 512
 Karyotype, 35, 35f, 37
 of Down syndrome female, 36f
 Keflex. *See* Cephalexin
 Keloid, 670, 671f
 Keratectomy, photorefractive, 716
 Keratin, 653, 654, 657
 Keratinized (horny) cells, 653f
 Keratitis, 703
 Kerat/o, 659, 703
 Keratoplasty, 714
 Keratosis(es), 670
 Ket/o, 226
 Ketoacidosis, 29, 771, 771t
 Ketone bodies, 226, 229
 Keton/o, 226
 Ketonuria, 229
 Ketorolac, 376, 887t
 Ketosis, 226
 Kidney(s), 3f, 43f, 44f, 218f, 219f, 222, 749t
 adrenal glands and, 752
 anatomy of, 219
 carcinomas, 804t
 combining form for, 10, 12, 75, 224, 225
 functions of, 216b
 pathologic conditions of, 229-231
 production of urine, 218
 section of, 218f
 transplantation, 236
 Wilms tumor, 803t
 Kidney stones, 231, 230
 Kidney transplantation, 240
 -kinesia, 360
 Kinesi/o, 360
 -kinesis, 360
 Kines/o, 360
 -kinetic, 360
 Klept/o, 940
 Kleptomania, 940
 Klonopin. *See* Clonazepam
 Klor-Con. *See* Potassium chloride
 Knee, structures of, 603f, 618, 619f, 625f, 625-626
 Knee arthroscopy, 619f
 Kneecap, 591t, 597, 603f
 Knee replacement prosthesis, 619f
 Knowledge, combining form for, 10
 KOH (potassium hydroxide), 673
 K⁺ (potassium), 216, 221, 237, 750, 777
 KS (Kaposi sarcoma), 558, 559f, 562, 672
 KUB study (kidneys, ureters, and bladder), 232, 237, 867

Kyph/o, 594
Kyphosis, 594, 594f, 601f

L

Labia, 267
Labial, 141f
Labial surface of tooth, 141f
Labia majora, 259
Labia minora, 259
Labile, 924, 937
Labi/o, 156, 192
Labiodental, 192
Laboratory tests
 for blood system, 520-523
 for cardiovascular system, 425
 for digestive system, 193
 for endocrine system, 776-777
 for lymphatic and immune systems, 562
 for male reproductive system, 324
 for musculoskeletal system, 617
 for oncology, 824
 for skin, 673
 for urinary system, 232-236
Labyrinth, 717, 719, 722
LAC (laparoscopic-assisted colectomy), 191, 199
Lacrimal, 703
Lacrimal bones, 584, 585t
Lacrimal gland and ducts, 703, 703f
Lacrimation, 703
Lacrim/o, 703
Labrum, 589, 589f
Labrum tear, 589f
Lactation, 261
Lactiferous ducts, 261, 267
Lact/o, 269, 763
LAD (left anterior descending) coronary artery, 433
Lamictal. *See* Lamotrigine
Lamina, 594
Laminectomy, 594
Lamin/o, 594
Lamisil. *See* Terbinafine
Lamivudine, 889t
Lamotrigine, 935f
Lanoxin. *See* Digoxin
Lansoprazole, 897, **904e**
Lapar/o, 75, 156
Laparoscope, 199
Laparoscopically assisted vaginal hysterectomy (LAVH), 286
Laparoscopic-assisted colectomy (LAC), 191, 200
Laparoscopic cholecystectomy, 167, 168f
Laparoscopic oophorectomy, 286f
Laparoscopic supracervical hysterectomy (LSH), 269, 269f
Laparoscopy, 87, 156, 199, 286, 825
 abdominal, 199
Laparotomy, 81
 -lapse, 109
Large cell lymphoma, 561
Large intestine, 2f, 43f, 146-147
Laryngeal, 83
Laryngectomy, 57
Laryngitis, 84, 464
Laryng/o, 75, 464
Laryngopharynx, 458
Laryngoscope, 478f
Laryngoscopy, 478
Laryngospasm, 464
Larynx, 40, 75, 458, 460f, 462, 464
Laser, 325, 715
Laser photocoagulation, 715
Laser therapy, for glaucoma, 709
Laser TURP, 325
LASIK (laser in situ keratomileusis), 714f, 715, 716
Lasix. *See* Furosemide
Last menstrual period (LMP), 288

Lateral decubitus, 858
Lateral incisor, 141f
Lateral malleolus, 588f, 597
Lateral plane, definition of, 52
Lateral (positional term), 50, 51f, 57
Lateral view, 853, 858
Later/o, 55
LAT (lateral), 858
Latin, medical terminology associated with, 6
LAVH (laparoscopically assisted vaginal hysterectomy), 288
Laxatives, 159, 892, 898
LBBB (left bundle branch block), 412
LDL (low-density lipoprotein), 425
Leading, combining form for, 108
LEEP (loop electrocautery excision procedure), 284, 284f, 288
Left anterior descending (LAD) coronary artery, 433
Left atrium, 402, 404f, 405f
Left bundle branch, 406
Left bundle branch block (LBBB), 412
Left ear (AS), 725
Left eye (OS), 699f, 716
Left lower lobe of lung (LLL), 481
Left lower quadrant (LLQ), 47
Left upper lobe of lung (LUL), 481
Left upper quadrant (LUQ), 47
Left ventricle (LV), 402, 404f, 407f, 433
Left ventricular assist device (LVAD), 417, 431
Left ventricular hypertrophy (LVH), 433
Left visual cerebral cortex, 699
Leg bones, 590
Lei/o, 276
Leiomy/o, 615
Leiomyomas, 276, 276f
Leiomyomata. *See* Leiomyomas
Leiomyosarcomas, 805t
Lenalidomide, **817e**
Lens, 697, 700f, 701, 704, 706, 707, 708, 715, 715
Lepirudin, 888t
 -lepsy, 360
 -leptic, 940
Lept/o, 358
Leptomeningeal, 358
Leptomeningitis, 368
Lesions
 bone, metastatic, 599
 cutaneous, 662
 papulovesicular, 667
 scalp, 674f
 skin, 678
 cancerous, 670-672
LES (lower esophageal sphincter), 145, 151, 162
Lesser trochanter, 582f, 592
Letrozole, 279, 815t, 894t
Leucorrhea, 272
Leukapheresis, 522f
Leukemia, 13, 82, 518-519, 519f, 803t, 805t, 806
 genes implicated in, 803t
Leukeran. *See* Chlorambucil
Leuk/o, 10, 75, 512, 659
Leukocytes, 9f, 10, 85, 86f, 502, 504, 505, 505f, 506t, 511, 518-520, 551
Leukocytosis, 14
Leukoderma, 670
Leukopenia, 512
Leukoplakia, 161f, 162, 659, 656f, 671
Leukorrhea, 275
Leukotriene modifiers, 895
Leuprolide, 815t, 894t
Leupron, prostate cancer treated with, 322
Leustatin. *See* Cladribine
Levalbuterol, 895t
Levaquin. *See* Levofloxacin
Levitra. *See* Vardenafil

Levetiracetam, 890t
Levodopa plus carbidopa, 367
Levofloxacin, 889t, **904e**
Levothyroxine, 778, 894t, **904e**
Lexapro. *See* Escitalopram oxalate
Lex/o, 361
Leydig cells, 316
LFTs (liver function tests), 193
LH (luteinizing hormone), 265, 267, 756, 757f, 760
Lidocaine, 887t
Life, combining form for, 7, 74, 864, 900
Li-Fraumeni cancer, 803t
Ligament/o, 604
Ligamentous, 604
Ligaments, 578, 593, 602, 602f
Ligation
 tubal, 87f, 286
 in vasectomy, 326
Light rays, pathway from cornea to brain, 700f
Linear accelerator, 811, 819
Lingual surface of tooth, 141f
Lingu/o, 156, 192, 899
Liothyronine, 778, 894t
Lip, 140, 154, 156
Lipase, 149, 151, 158, 193
Lipids, 158, 425, 507f, 511
Lipid profile, 425
Lipids, in coronary artery, 419f
Lipitor. *See* Atorvastatin
Lip/o, 158, 192, 659
Lipoma, 160, 658
Lipoprotein electrophoresis, 425
Liposarcoma, 805t
Lips, 140, 154, 156
Lisinopril, 891t
 -listhesis, 596
Lithium, 890, 896t, 935f, 936, 939
Lith/o, 158, 192, 226
Lithotomy position, 63f
Lithotripsy, 230, 234
Liver, 145, 147-149, 147f, 151, 168f, 169, 195f, 804t,
 with alcoholic cirrhosis, 168f
 biopsy of, 199
 combining form for, 10, 156
 CT scan of, 196f
 metastatic cancer, 799f
 pathologic conditions of, 167-169
 percutaneous biopsy, 123
 in relation to pancreas, 754f
Liver function tests (LFTs), 193
LLL (left lower lobe of lung), 481
LLQ (left lower quadrant), 47
LMP (last menstrual period), 288
LMWH (low-molecular-weight heparin), 433
Lobar pneumonia, 473f, 474
Lobectomy, 464, 464f
Lobes
 brain, 697f
 left cerebral hemisphere, 350f
 lung, 461, 463, 465, 481
 pituitary gland, 755f, 773-775
Lob/o, 464
Lobular carcinoma of breast, 278
Local anesthetic, 885t, 886
Location, combining form for, 108
Log/o, 10
 -logy, 13, 77
Loop electrocautery excision procedure (LEEP), 284, 284f, 288
Loperamide, 895t
Loratadine, 891t
Lorazepam, 896t, 935f
Lord/o, 594
Lordosis, 594
Lortab. *See* Hydrocodone with APAP
Losartan, 893t
Lotrimin. *See* Clotrimazole

Lou Gehrig disease, 364, 616
 Lovastatin, 893t
 Love, combining form for, 940
 Lovenox. *See* Heparin
 Low-density lipoprotein (LDL), 425
 Lower esophageal sphincter (LES), 145, 151, 162
 Lower gastrointestinal series, 194
 Lower gastrointestinal tract, pathologic conditions of, 166
 Low back pain, 609
 Low-density lipoprotein, 425
 Low-molecular-weight heparin (LMWH), 433
 LP (lumbar puncture), 350, 373, 373f
 LSD (lysergic acid diethylamide), 903, 931
 LS films (lumbosacral [spine] films), 867
 LSH (laparoscopic supracervical hysterectomy), 269f, 288
 L-spine (lumbar spine), 867
 Lubb-dubb, 405
 -lucent, 864
 LUL (left upper lobe of lung), 481
 Lumbar, 595
 Lumbar curve, 586f
 Lumbar division of back, 48
 Lumbar nerves, 344
 Lumbar puncture (LP), 350, 373, 373f
 Lumbar region, 46
 Lumbar vertebrae (L1 to L5), 586f, 587, 621
 Lumb/o, 55, 595
 Lumbosacral, 55, 595
 Lumbosacral nerve, 344
 Lumen, 275, 410
 Lumpectomy, 278
 Lung biopsy, 478
 Lung cancer, 472
 Lung capillaries, 400
 Lung(s), 41f, 43f, 44f, 400, 462, 471-474, 466, 471f, 472, 472f, 809t, 815t
 combining form for, 464, 466
 CT scan, 847f
 disorders of, 471
 normal tissue, 471f
 PET scan of, 477
 Lung scan, 859
 Lunula, 655, 657
 Lupron. *See* Leuprolide
 Lupus, description of, 610
 LUQ (left upper quadrant), 47
 Luteinizing hormone (LH), 265, 267, 756, 757f, 760
 Lute/o, 659t
 Luvox. *See* Fluvoxamine
 LVAD (left ventricular assist device), 417, 431, 433
 LVH (left ventricular hypertrophy), 433
 LV (left ventricle), 402, 404f, 407f, 408, 410 413f, 433
 Lyme disease "bull's eye" rash, 610f
 Lyme disease, 610, 622
 Lymph, 75, 554, 546, 547, 547t, 547f, 556
 combining form for, 75, 556
 Lymphadenitis, 520
 Lymphaden/o, 557
 Lymphadenopathy, 560
 Lymphatic system
 abbreviations, 563
 anatomy, 548-549
 combining form for, 557
 laboratory tests and clinical procedures, 562-563
 pathology, 557-561
 prefixes for, 557
 pronunciation of terms for, 573-575
 spleen and thymus gland, 550
 vocabulary, 553-555
 Lymphatic vessel, 548, 549, 549f, 554
 Lymph capillaries, 547f, 548, 548f, 555
 Lymph cells, 83
 Lymphedema, 556

Lymph nodes, 520, 546, 551, 554, 548, 549, 549f, 560, 860
 sentinel, 860
 sentinel node biopsy, 278
 Lymph/o, 75, 556
 Lymphoblast, 504f
 Lymphocytes, 82, 85, 86f, 549, 549f, 505, 505f, 511, 546, 550, 551,
 Lymphocytopenia, 556
 Lymphocytosis, 556
 Lymphoid, 82, 556
 Lymphoid organs, 554, 556
 Lymphoid progenitor cells, 503f
 Lymphoma, 82, 527-528, 558, 560, 561, 562, 566, 805t, 806, 815t, 829. *See also* Non-Hodgkin lymphoma (NHL)
 cutaneous T cell, 675
 Lymphopoiesis, 556
 Lymphoscintigraphy, 860
 Lymphs (lymphocytes), 525
 Lymph vessels, 548, 548f, 555
 in villi, 148f
 Lysergic acid diethylamide (LSD), 903, 931
 Lysis, 190
 -lysis, 77, 109
 -lytic, 514

M

MAC (monitored anesthetic care), 374
 Macro-, 114
 Macrocephaly, 114
 Macrocytosis, 514
 Macrophages, 85, 504, 504f, 505, 511, 514, 549, 550, 551, 554
 Macrotoia, 721
 Macula, 698, 701, 710
 Macular degeneration, 710
 Macular edema, 708
 Macule, 662, 663f
 Magnesium antacid, 895t
 Magnetic resonance angiography (MRA), 372, 428
 Magnetic resonance imaging (MRI), 196, 196f, 283, 856-857, 856f, 863
 of breast, 283
 cardiac, 428
 characteristics of, 852-853
 of chest, 477
 vs. CT scan, 856
 of endocrine glands, 776
 of kidneys, 233
 of musculoskeletal system, 620
 of nervous system, 372
 of upper chest, 477f
 Magnetic resonance venography (MRV), 867
 MAI (Mycobacterium avium intracellulare), 558t, 563
 Major depression, 927, 938, 941, 944
 Major depressive disorder (MDD), 942
 Mal-, 114
 -malacia, 77, 596
 Malaise, 610
 Male reproductive system
 abbreviations, 326
 anabolic steroids, 328
 anatomy, 312-314
 clinical procedures, 325
 combining form for, 317, 762
 Gleason score, 328
 laboratory tests, 324
 organs of, 39
 pronunciation of terms for, 336-338
 sexually transmitted diseases, 322
 suffixes for, 319
 tumors and anatomic/structural disorders, 319-322
 vocabulary, 315-316
 Male urinary system, 218f
 Malignant, 114
 Malignant melanoma, 672, 804f

Malignant tumors, 798, 799f, 803-808, 810-817.
 See also Cancer; Carcinoma
 characteristics of, 799
 comparison with benign tumors, 795f
 connective tissue-derived, 801t
 mesothelioma, 475
 Malleolar, 597
 Malleol/o, 597
 Malleolus, 591t, 593, 597
 Malleus bone, 716, 718f, 719
 MA (mental age), 942
 Mammary glands, 261
 Mammary papilla, 261, 267
 Mamm/o, 75, 269
 Mammogram, 283f, 287f
 Mammography, 283, 283f, 825, 850
 Mammoplasty, 269
 Mandible, 156, 284, 585t, 597
 Mandible lower, 585t
 Mandibular, 597
 Mandibular bone, 584
 Mandibul/o, 156, 597
 Mania, 924, 927, 937
 -mania, 940
 Manic, 924
 Mantoux test, 480
 Manubrium, 589, 593
 Many, prefix for, 115, 273, 617, 822
 MAOI (monoamine oxidase inhibitor), 888, 934, 935f
 Marfan syndrome, 121, 421
 Marijuana, 903, 931
 Marplan. *See* Isocarboxazid
 Masochism, sexual, 929
 Mass, suffix for, 13, 823
 Masseter, 612f
 Mastectomy, 278, 279f
 Mastication, 140, 151
 Mastitis, 270
 Mast/o, 75, 270
 Mastoiditis, 720
 Mastoid/o, 720
 Mastoid process, 583, 593, 720
 Maternal antibodies, 551
 Mature teratoma, 277
 Maxillae, 584, 585t, 591t, 597
 Maxillary, 597
 Maxillary bones, 584
 Maxillary sinus, 585f
 Maxillae upper, 585t
 Maxill/o, 597
 MCHC (mean corpuscular hemoglobin concentration), 525
 MCH (mean corpuscular hemoglobin), 525
 MCV (mean corpuscular volume), 525
 MDD (major depressive disorder), 942
 MDI (metered-dose inhaler), 481
 MDI (multiple daily injections), 777
 MD (medical doctor), 578
 MDS myelodysplastic syndrome, 525
 Mean corpuscular hemoglobin concentration (MCHC), 525
 Mean corpuscular hemoglobin (MCH), 525
 Mean corpuscular volume (MCV), 525
 Measles, 666
 Meatal stenosis, 225
 Measurement, suffix for, 721
 Measuring, suffix for, 109
 Meat/o, 223
 Meatus, 223
 auditory, 719
 combining form for, 223
 external auditory, 716
 urinary, 217f, 217, 218f, 220f
 Meclizine, 891t
 Meconium aspiration syndrome, 282
 Meconium ileus, 281
 Medial collateral ligament, 603f
 Medial malleolus, 588f, 591
 Medial meniscus, 603f

- Medial (positional term), 48f, 49, 52
 Median nerve, 608f
 compression in CTS, 608
 Mediastinal lymph nodes, 559, 554
 Mediastin/o, 465
 Mediastinoscopy, 465, 478
 Mediastinum, 41, 45, 460, 462, 465
 Medical doctor (MD), 10, 848, 578
 Medical language, study objectives, 2-3
 Medication, endocrine, 778
 Medicinal chemistry, 880, 895
 Medi/o, 55
 Medroxyprogesterone acetate, 849t
 Medulla, 216, 222
 adrenal, 752-753, 753f, 758t, 759, 760, 761, 769, 775
 renal, 217f, 216, 222
 Medulla oblongata, 351, 352f, 352t, 355
 Medullary, 222
 Medullary carcinoma
 of breast, 278
 of thyroid, 767
 Medullary cavity, 581, 593
 Medullary tumors, 803, 819
 Medull/o, 821
 Megace. *See* Megestrol
 Megakaryoblast, 504f
 Megakaryocytes, 506, 511
 -megaly, 79
 Megestrol, 894t
 Meglitinides, 890t
 Meibomian gland, 708
 Melanin, 653-654, 657
 Melan/o, 659
 Melanin, 653
 Melanocytes, 653
 Melanoma, 659, 677, 829, 867
 ABCDEs of, 673f
 malignant, 672
 metastatic, 677
 Melatonin, 748, 749t
 Melena, 161
 Melissophobia, 941t
 Memantine, 890t
 Membrane, combining form for, 358
 Memory, loss of, 923
 Menadione, 902t
 Menaquinone, 902t
 Menarche, 258, 262, 267
 Ménière disease, 722
 Meningeal, 358
 Meninges, 45, 354, 354f, 356, 358, 368
 Meningi/o, 358
 Meningioma, 358, 368, 369
 Meningitis, 368
 Mening/o, 358
 Meningocele, 363
 Meningomyelocele, 363
 Meniscus, definition of, 603
 Men/o, 270
 Menometrorrhagia, 270
 Menopause, 258, 265, 267
 Menorrhagia, 270
 Menorrhea, 272
 Menses, 267, 270
 Menstrual cycle, 258, 262-263, 262f, 757
 Menstruation, 258, 262-265, 267, 270
 Mental illness, 9/22
 Mental age (MA), 942
 Mental foramen, 582f, 585f
 Mental retardation (MR), 942
 Ment/o, 940
 Meperidine, 885t, 903, 931
 Mes-, 157
 Mescaline, 903, 931
 Mesenchymal tissue, 805, 819
 Mesenteric nodes, 555
 Mesentery, 155
 Mesial surface of tooth, 143
 Mesocolon, 155f
 Mesothelioma, 474, 829
 Meta-, 56, 114, 823
 Metabolism, 36, 37
 Metacarpal bones, 590, 591t, 597
 Metacarpectomy, 597
 Metacarp/o, 597
 Metamorphosis, 114
 Metaphysis, 580, 593
 Metaplasia, 823
 Metaproterenol, 895t
 Metastatic melanoma, 677
 Metastasis(es), 81, 114, 799, 819
 Metastasis, 795
 Metastatic bone lesions, 600
 Metatarsalgia, 597
 Metatarsals, 590, 591t, 597
 Metatars/o, 597
 Metatarsophalangeal joint, 607
 -meter, 109, 721
 Metered-dose inhaler (MDI), 481
 Metformin, 778, 890t
 Methamphetamine, 906, 931
 Methaqualone, 896t, 905
 Methicillin-resistant *Staphylococcus aureus* (MRSA), 84
 Methimazole, 778
 Methotrexate, 523, 556, 606, 815t, **816e**
 Methylphenidate, 896t, 906, 931, 935f
 Methylprednisolone, 895t
 Methyltestosterone, 894t
 Metoclopramide, 895t
 Metoprolol, 893t
 Metoprolol succinate, **904e**
 Metri/o, 270
 Metr/o, 270
 Metrorrhagia, 270
 Mevacor. *See* Lovastatin
 Mexate. *See* Methotrexate
 mets (metastases), 827
 Mexate. *See* Methotrexate
 mg (milligram), 903t
 MG (myasthenia gravis), 366, 561, 616, 748
 Miconazole, 889t
 Micro-, 114
 Microalbuminuria, 228
 Microcytosis, 514
 Microdissection, 609, 610f
 Microhematuria, 227
 Micronase. *See* Glyburide
 Microglial cells, 349, 349f, 356
 Microhematuria, 227
 Microscope, 114
 Microscopically controlled surgery, 672
 Microscopic description of tumors, 807, 819, 822
 Microscopy, slit lamp, 712, 713f
 Micturition, 222
 Middle ear, 716-717, 717f, 718f, 723
 Middle phalanges, 590f
 Midfoot bones, 591t
 Migraine, 370
 Milk, 261, 268, 269, 763
 Milk of magnesia, 895t
 Milligram (mg), 903
 Milliliter (ml, mL), 903
 MI (myocardial infarction), 418, 418f
 Mind, 12, 940, 941
 Mineralocorticoids, 753, 761
 Minimally invasive surgery (MIS), 86, 158
 Minnesota Multiphasic Personality Inventory (MMPI), 922
 Mi/o, 705
 Miosis, 705
 Miotic, 705, 706
 Miotic drugs, 705
 Mirtazapine, 935f
 -mission, 109
 Mitochondria, 36, 37
 Mitosis, 800, 800f, 819
 Mitral regurgitation (MR), 433
 Mitral stenosis, 421
 Mitral valve, 402, 405, 405f, 408
 Mitral valve prolapse (MVP), 420
 Mitral valvulitis, 412, 420f
 Mixed-tissue tumors, 803, 806, 806t, 819
 Mixture, combining form for, 901
 ml, mL (milliliter), 903
 MLH 1 gene, 803t
 MLL gene, 803t
 mm³ (cubic millimeter), 525
 MMPI (Minnesota Multiphasic Personality Inventory), 922
 MoAb (monoclonal antibodies), 555, 563, 817, 827
 Modafinil, 896t
 Modality, 819
 Modified radical mastectomy, 279f
 Mohs micrographic surgery, 673, 674f
 Mohs surgery, 673, 674f
 Molars, 141, 151
 Mold, 901
 Molecularly targeted drugs, 816, 819, 822
 Molecular pharmacology, 880, 897
 Moles, 670
 Mometasone, 895, **904e**
 Monistat. *See* Miconazole
 Monitored anesthetic care (MAC), 374
 Mon/o, 512
 Monoamine oxidase inhibitor (MAOI), 888, 934, 935f
 Monoblast, 504f
 Monoclonal antibodies (MoAb), 555, 563, 813-814, 823
 Monocytes (mono), 85, 86, 86f, 505, 505f, 511, 512, 546, 551
 Mono (monocyte), 512
 Mononeuropathy, definition of, 359
 Mononuclear, 511
 Mononuclear agranulocytes, 504f
 Mononuclear cells, 508t
 Mononuclear leukocytes, 82, 83f, 507
 Mononucleosis, 520
 Monster, combining form for, 318
 Montelukast, 895t, **904e**
 Mood disorders, 927, 932t, 937
 Mood stabilizers, 935f, 936
 Morbidity, 819
 More, combining form for, 822
 Morphine, 376, 887t, 904
 Morph/o, 75, 108, 512
 Morphology, 75, 514
 RBC, abnormal, 517t
 Mort/o, 108
 Motor aphasia, 361
 Motor apraxia, 361
 Motor nerves, 344-349, 346f, 349, 356
 Motrin. *See* Ibuprofen
 Mouth, 158-159
 combining form for, 157, 899
 ulcers in, 162
 Movement
 cerebral area for, 7f
 combining form for, 360
 Movement disorders, 364
 MRA (magnetic resonance angiography), 372, 428
 MRI (magnetic resonance imaging), 196, 196f, 233, 283, 428, 856-857, 856f, 863, 866, 868
 of brain, 372
 of breast, 283
 of chest, 477
 vs. CT scan, 852
 of endocrine glands, 776
 of kidneys, 232
 of musculoskeletal system, 620
 of nervous system, 371
 of upper chest, 477f
 MRI glioblastoma, 368f
 MRI herniated disk, 609f
 MRI sciatic nerve root, 609f
 MR (mental retardation), 922

MR (mitral regurgitation), 433
 MRSA (methicillin-resistant *Staphylococcus aureus*), 84
 MRV (magnetic resonance venography), 867
 MSH 2 gene, 799t
 MS (multiple sclerosis), 365, 366f
 MTX (methotrexate), 523, 556, 606, 815t, **816e**
 Mucinous tumors, 802, 817
 Muc/o, 75
 Mucoid, 79
 Mucosa, 147
 buccal, 155
 Mucositis, 813
 Mucos/o, 821
 Mucous membrane, 79
 colonic, 166
 combining form for, 821
 leukoplakia on, 670
 Mucus, 75, 83, 411, 763
 MUGA (multiple-gated acquisition scan), 861
 Multi-, 273
 Multigravida, 273
 Multi infarct dementia, 932t
 Multipara, 273
 Multiple daily injections (MDI), 777
 Multiple-gated acquisition scan (MUGA), 861
 Multiple gestation, 280
 Multiple myeloma, 79, 520, 561, 805t, 829
 Multiple personality disorder, 932t
 Multiple sclerosis (MS), 365, 366f
 Multip (multipara; multiparous), 288
 Murmur, 405, 408, 420
 Muscle biopsy, 620
 Muscle cell, 38
 Muscle layer, of artery, 399f
 Muscle(s)
 actions of skeletal muscles, 613f
 clinical procedures, 618-620
 combining form for, 75, 270, 359, 616
 involuntary contraction of, 189
 laboratory tests, 617-618
 malignant tumors, 801t
 pathology, 617
 prefixes for, 615
 suffixes for, 615
 types of, 611-612
 vocabulary, 614
 Muscle tissue, 38, 39f
 Muscle tone, Apgar score for, 281
 Muscular dystrophy, 617
 winged scapulae in, 635f
 Musculoskeletal system, 577-650
 abbreviations, 621
 bones, 578-591
 clinical procedures, 618-620, 648
 joints, 602
 laboratory tests, 617-618, 648
 muscles, 611
 organs of, 40
 pronunciation of terms for, 641-648
 Mustargen. *See* Mechlorethamine
 Mut/a, 821
 Mutagenic, 819
 Mutagen/o, 821
 Mutations, 801, 819
 BRCA1 and BRCA2, 276
 Mutism, 924, 937
 M-VAC (methotrexate, vinblastine, adriamycin, cisplatin), **815e**
 MVP (mitral valve prolapse), 420
 Myalgia, 74, 610, 615
 Myambutol. *See* Ethambutol
 Myasthenia gravis (MG), 366, 371, 374, 561, 616, 748
 Mycelex. *See* Clotrimazole
 Myc/o, 660, 901
Mycobacterium avium intracellulare (MAI), 558t
myc oncogene, 801
Mycobacterium tuberculosis, 474
 Mycosis, 660, 661f

Mycosis fungoides, 675
 Mydriasis, 705
 Mydr/o, 705
 Myelin sheath, 356, 348, 365
 Myel/o, 75, 359, 513, 595
 Myelitis, 78
 Myeloblast, 503f, 511, 512, 513, 519f
 Myelocytes, 504f
 Myelodysplasia, 513
 Myelography, 853
 Myeloid, 516
 Myeloid progenitor cells, 503f
 Myelomeningocele, 358, 363
 Myelopathy, 359
 Myelopoiesis, 516, 595
 Myelosuppression, 813
 My/o, 75, 270, 359
 Myocardial, 615
 Myocardial infarction (MI), 418, 418f
 acute, 418
 NSTEMI, 419f, 433
 STEMI, 419f, 433
 Myocardi/o, 615
 Myocardium, 404, 408
 Myofibers, conduction, 406f
 Myoma, 79
 Myomas, 270
 Myomectomy, 270
 Myometrium, 260, 267
 Myom/o, 270
 Myoneural, 359
 Myopathy, chronic inflammatory, 616
 Myopia, 706, 707f, 715
 Myosarcoma, 79
 Myositis, 615
 Myos/o, 615
 Myringitis, 720
 Myring/o, 720
 Myringotomy, 722f
 Myxedema, 763, 767, 768f
 Myx/o, 411, 763
 Myxoma, 411

N

Nabothian cysts, 273f
 Nafcillin, 889t
 Nail plate, 653f
 Nails, 655
 anatomic structure of, 655f
 combining form for, 660, 661
 fungal infection of, 668f
 Namenda. *See* Memantine
 Names of drugs, 877
 Naprosyn. *See* Naproxen
 Naproxen, 376, 887t
 Narcissistic personality disorder, 928
 Narc/o, 899
 Narcolepsy, 360
 Narcotic(s), 376, 887, 887t, 900
 Nardil. *See* Phenelzine
 Nares, 458, 462
 Narrowing, suffix for, 189, 605
 Nasal bones, 584, 585t
 Nasal cavity, 458
 Nasal passages, 88f
 Nasal polyp, 663f
 Nas/o, 465
 Na⁺ (sodium), 216, 221, 222, 237, 761, 777
 combining form for, 226
 Nasogastric (NG) intubation, 199, 465
 Nasogastric tube (NG tube), 199
 Nasolacrimal duct, 703f
 Nasonex. *See* Mometasone
 Nasopharynx, 458
 Nat/i, 108, 270
 Nat/o, 226
 Natr/o, 226, 763
 Natural immunity, 551-553, 551f, 555
 Nausea, 161, 813
 Navane. *See* Thiothixene
 Navel, combining form for, 56
 Navelbine. *See* Vinorelbine
 Nearsightedness, 706
 Neck
 of bone, 581f
 combining form for, 54
 Necr/o, 75, 821
 Necrophobia, 941t
 Necropsy, 79
 Necrosis, 418
 Necrotic, 79, 819
 Necrotic tumors, 803
 Nect/o, 108
 NED (no evidence of disease), 823
 Needle (core) biopsy, 825
 Negative feedback loop, 265
 Negative symptoms of schizophrenia, 925, 929, 932t
 Nelfinavir, 559
 Neo-, 114
 Neonate, 281, 282
 Neonatal, 114, 270
 Neonatal pathology, 281
 Neonatology, 258, 267
 Neoplasia, cervical intraepithelial, 274f
 Neoplasms, 114, 817 *See also* Tumor(s)
 combining form for, 820
 skin, 670-672
 thyroid gland, 765
 Neoplastic disorders, of nervous system, 367
 Nephrectomy, 13
 Nephritis, 10
 interstitial, 229
 Nephro/o, 10, 75, 224
 Nephrolithiasis, 230
 Nephrolithotomy, 224
 Nephrologist, 24, 78
 Nephrology, 10
 Nephron, 219, 219f, 222
 Nephropathy, 78, 224, 770f
 diabetic, 772
 Nephropexy, 224
 Nephroptosis, 224
 Nephrosis, 14, 230
 Nephrostomy, 224
 Nephrotic syndrome, 230
 Nerve cell, 38, 348-349, 348f, 355, 356
 Nerve deafness, 721, 722
 Nerve root, 359
 Nerve(s), 348-350, 356
 combining form for, 10, 75, 359, 822, 940
 spinal, 353f
 in tooth, 144f
 Nerve tissue tumors, 801t
 Nervous impulse, 344, 348f, 349
 Nervous system
 abbreviations, 374
 brain, 350-352
 clinical procedures, 371-373
 combining form or suffix for
 organs and structures, 357-359
 signs and symptoms, 359-362
 CSF analysis, 371
 divisions of CNS and PNS, 347f
 general structure of, 344-348
 meninges, 353
 neurons, nerves and glial cells, 348-350
 organs of, 40
 pathology, 362-370
 prefixes, 394
 pronunciation of terms for, 388-393
 spinal cord, 344, 353
 suffixes, 395
 vocabulary, 355-357
 Neulasta. *See* Pegfilgrastim
 Neupogen. *See* Filgrastim
 Neural, 11
 Neural canal, 586
 spinal cord in, 587f
 Neuralgia, 360

- Neural tube defect, 358, 363
 Neurasthenia, 362
 Neur/o, 10, 75, 359, 822, 940
 Neuroblastomas, 805t, 806, 823
 Neurofibrillary tangles, 364
 Neurofibromatosis (NF) 822, 827
 Neuroglial cells, 349, 349f, 358
 Neurohypophysis, 755
 Neuroleptics, 934, 935f, 939
 Neurologic, 12
 Neurologist, 24
 Neurology, 10
 Neuroma, acoustic, 722
 Neurons, 38, 344, 348-349, 348f, 353f, 355, 356, 805t
 Neurontin. *See* Gabapentin
 Neuropathies, 359
 Neuropathic pain, 376
 Neuropathy, 359
 diabetic, 770
 Neurotransmitters, 349, 356
 Neutral, combining form for, 513
 Neutr/o, 75, 513
 Neutropenia, 79, 513
 Neutrophilia, 516
 Neutrophils, 75, 85, 86f, 505f, 504, 511, 551
 Nevus(i), 671
 New, prefix for, 114
 Newborn, hemolytic disease of, 119
 Nexavar. *See* Sorafenib
 Nexium. *See* Esomeprazole
 NF (neurofibromatosis) 822, 827
 NG (nasogastric) intubation, 199
 NG tube (nasogastric tube), 199
 NHL (non-Hodgkin lymphoma), 561, 562, 805t, 808f, 815t
 Niacin, 425, 902t
 Nicotinic acid, 895t
 NIDDM (type 2 diabetes), 9, 113
 Nid/o, 662
 Nifedipine, 893t
 Night blindness, 226, 705
 Nil per os (NPO; nothing by mouth), 200, 903
 Nilotinib, **817e**
 Nilstat. *See* Nystatin
 Nilutamide, 894t
 Nipent. *See* Pentostatin
 Nipple, 56, 108, 822
 Nipple-like, 819
 Nitrates, 419, 424
 Nitrogen, combining form for, 226
 Nitrogen mustard, *See* Mechlorethamine
 Nitrogenous waste, 222
 Nitroglycerin, 419, 424, 890
 Nitrous oxide, 887t
 No-, 936
 Noct/o, 226
 Nocturia, 226
 Nodular goiter, 766, 775t
 Nodule, 662, 663f
 No evidence of disease (NED), 827
 Nolvadex. *See* Tamoxifen
 Nonbenzodiazepine agent, 899t
 Non-Hodgkin lymphoma (NHL), 561, 562, 805t, 808f, 815t
 follicular, 804f
 Non-insulin-dependent diabetes mellitus (NIDDM). *See* Type 2 diabetes (NIDDM)
 Non-occlusive thrombus, 419f
 Non-small cell lung cancer (NSCLC), 472
 TNM staging, 805t
 Nonspecific urethritis (NSU), 326
 Non-ST elevation myocardial infarction (NSTEMI), 419, 419f, 433
 Nonsteroidal antiinflammatory drugs (NSAIDs), 376, 606, 887, 887t
 Nor-, 758
 Noradrenaline, 753
 Norepinephrine, 349, 753, 760
 Normal laboratory values, 526t
 Normal, prefix for, 113, 765
 Normal sinus rhythm (NSR), 406, 408
 Norm/o, 108
 Normoblast, 504f
 Nortriptyline, 885t, 935f
 Norvasc. *See* Amlodipine
 Nose, 12, 458, 465, 466
 combining form for, 12, 465, 466
 Nosebleed, 470
 Nosocomial pneumonia, 474
 Not, prefix for, 113
 Nothing by mouth (nil per os; NPO), 200, 903
 Noun suffixes, 74, 105
 Novastan. *See* Argatroban
 Novocain. *See* Procaine
 NPO (nil per os; nothing by mouth), 200, 903
 NSAIDs (nonsteroidal antiinflammatory drugs), 606, 621, 881, 881t, 903
 NSCLC (non-small cell lung cancer), 472
 TNM staging, 805t
 NSR (normal sinus rhythm), 406, 408
 NSTEMI (non-ST elevation myocardial infarction), 419, 419f, 433
 NSU (nonspecific urethritis), 326
 Nuclear cardiology, 427
 Nuclear medicine, 477, 847-877
 abbreviations, 865
 combining form for, 859
 prefixes for, 860
 pronunciation of terms for, 874-876
 radioactivity and radionuclides, 854-857
 suffixes for, 860
 in vitro and in vivo tests, 858-859, 862f
 vocabulary, 862-863
 Nucleic, 55
 Nucle/o, 55, 75, 513
 Nucleotides, 800, 819
 Nucleus(i)
 cell, 34
 combining form for, 54, 55, 75, 512, 513
 in monocytes, 83
 muscle cell, 611f
 Nucleus pulposus, 609f
 Nulli-, 273
 Nulligravida, 273
 Nullipara, 273
 Nutrition, enteral, 155
 Nyctalopia, 705
 Nyct/o, 705
 Nyctophobia, 941t
 Nydrazid. *See* Isoniazid (INH)
 Nystagmus, 711
 Nystatin, 889t
-
- OA (osteoarthritis), 11, 624, 606, 607f, 625f
 and TKR/arthroplasty, 623f
 Oat cells, 473
 Oblique view, 853, 853f
 OB (obstetrics), 258, 267
 Obesity, bariatric surgery for, 197
 Obscure, 864
 Obsession, 924, 926, 940
 Obsessive-compulsive disorder (OCD), 926, 927, 934
 Obstetrics (OB), 258, 267
 Obstetr/o, 270
 Obstructive lung disease, 478
 Obstructive sleep apnea (OSA), 468
 Occipital bone, 583, 583f, 585t
 Occipital lobe, 350f, 697f
 Occipitofrontalis, 612f
 Occlusal surface of tooth, 143
 Occlusion, 371, 424
 coronary artery, 418f
 thrombotic, 418
 OCD (obsessive-compulsive disorder), 926, 927, 934
 OCPs (oral contraceptive pills), 288
 Octreotide, 894t
 Ocul/o, 703
 Oculomotor nerve (CN III), 346f
 OD (doctor of optometry), 704, 716
 OD (doctor of optometry; right eye), 716
 Odont/o, 156, 192
 Oelcran/o, 597
 Ofloxacin, 887t
 -oid, 83, 514
 -ol, 759
 Olanzapine, 896t, 935f
 Old age, 705, 707
 -ole, 82
 Olecranal, 597
 Olecran/o, 597
 Olecranon, 591t, 593, 597
 Olfactory nerve (CN I), 346f
 Olig/o, 226
 Oligodendrocytes, 349
 Oligodendroglial cells, 349, 349f, 356
 Oligodendroglioma, 368
 Oligomenorrhea, 270
 Oligospermia, 318
 Oliguria, 229
 -oma, 13, 79, 805, 823
 Omentum, 43f, 155f
 Omeprazole, 894, 895t
 Om/o, 589
 Omphal/o, 80
 Omphalocele, 84
 Onc/o, 11, 822
 Oncogenes, 801, 820
 cellular, 818
 translocation, 801, 802f
 viral, 820
 Oncogenic viruses, 801
 Oncologist, 11
 Oncology, 11, 797-846
 abbreviations, 827
 cancer treatment
 biological therapy, 810, 817
 chemotherapy, 810, 813-814
 differentiating agents, 817
 radiation therapy, 810-813
 surgery, 810
 carcinogenesis, 800-802
 characteristics of tumors, 798-799
 classification of cancerous tumors, 803-806
 clinical procedures, 824-826
 combining form for, 821-822
 grading and staging systems, 808-809
 gross descriptions of tumors, 806-807
 laboratory tests, 824
 microscopic descriptions of tumors, 807-808
 prefixes for, 823
 pronunciation of terms for, 840-844
 suffixes for, 823
 vocabulary, 818-820
 Oncovin. *See* Vincristine
 Ondansetron, 893t
 One, 118, 512
 -one, 319
 Onych/o, 660
 Onycholysis, 655, 660, 669f
 Onychomycosis, 660
 O/o, 270
 Oocyte, 270
 Oogenesis, 270
 Oophorectomy, 270, 276
 laparoscopic, 286f
 Oophoritis, 277
 Oophor/o, 270
 O₂ (oxygen), 463, 466, 481
 -opaque, 864
 Opening, suffix for, 190, 319
 Open-angle glaucoma, 709f
 Open comedo, 665f
 Open fracture, 598
 Open reduction, 599
 Open reduction/internal fixation (ORIF), 599, 621

Operating room, example of schedule for, 290
 Ophidiophobia, 941t
 Ophthalmic, 704
 Ophthalm/o, 11, 75, 704
 Ophthalmologist, 3, 13, 704
 Ophthalmology, 75
 Ophthalmoplegia, 704
 Ophthalmoscope, 11
 Ophthalmoscopy, 712
 direct, 713
 -opia, 706
 Opioids, 887, 887t, 931, 932f
 dependence on, 925
 Opium, 904
 Opposite, prefix for, 112
 Opportunistic infections, 558t, 562
 -opsia, 706
 -opsy, 13, 79
 Optic, 704
 Optic chiasm, 699, 699f, 701
 Optic disc, 698, 701, 704
 Optician, 12, 704
 Optic nerve (CN II), 346f, 698, 699f, 700, 701, 708
 Optic/o, 704
 Optic tract, 699f
 Optician, 13, 704
 Optic/o, 704
 Opt/o, 704
 Optometrist, 13, 704
 -or, 109
 Oral, 158, 895
 Oral administration, 882, 885t, 892
 antidiabetic drugs, 884
 Oral cavity, 140-142, 141f
 pathologic conditions of, 161-162
 Oral contraceptive pills (OCPs), 265
 Oral leukoplakia, 163, 163f
 Orbicularis oculi, 612f
 Orchiectomy, 318
 Orchid/o, 318
 Orchiectomy, 318
 Orchi/o, 318
 Orchiopexy, 319
 Orchitis, 318
 Orch/o, 318
 -orexia, 161
 Organ of Corti, 717, 718f, 719
 Organs, 39. *See also* Sense organs
 of female reproductive system, 40, 258-261
 internal, 56
 lymphoid, 554t
 of male reproductive system, 40
 of nervous system, 359
 of respiratory system, 459f
 of urinary system, 219
 Oribicularis oculi, 612f
 Orifice, 267
 vaginal, 271
 ORIF (open reduction/internal fixation), 599, 621
 Origin of muscle, 612, 612f, 614
 Or/o, 157, 192, 901
 Oropharynx, 458
 Orth/o, 465, 595
 Orthodontist, 578, 593
 Ortho (orthopedics; orthopaedics), 621
 Orthopedics, 595
 Orthopedist, 578, 593
 Orthopnea, 465
 OSA (obstructive sleep apnea), 468
 -ose, 83
 -osis, 14, 79, 514
 OS (left eye), 716
 -osmia, 467
 Osseous tissue, 578, 593
 Ossicles, 716, 719, 720
 Ossicul/o, 720
 Ossiculoplasty, 720
 Ossification, 579, 593

Osteitis, 11, 595
 Osteitis deformans, 595. *See* Paget disease
 Oste/o, 11, 75, 595
 Osteoarthritis (OA), 11, 606, 607f, 624, 625f
 and TKR/arthroplasty, 625f
 Osteoblasts, 579, 593, 596
 Osteochondromas, 598
 Osteoclasts, 579, 593, 596
 Osteocytes, 578
 Osteodystrophy, 595
 Osteogenesis, 595
 Osteogenesis imperfecta, 595
 Osteogenic, 79
 Osteogenic sarcoma, 600
 Osteoma, 805
 Osteomalacia, 596, 600
 Osteomyelitis, 600
 Osteopathic physician (DO), 578
 Osteophytes, 606
 Osteoporosis, 596, 600-601, 601f
 antioestrogen drugs, 892
 prevention of, 601
 Osteosarcoma, 600, 600f, 805, 805t
 Osteotome, 596
 Osteotomy, 14
 -ostosis, 598
 Otalgia, 74
 -otia, 721
 Otic, 720
 Otitis media, 723, 727
 acute, 722f, 723
 chronic, 723
 Ot/o, 75, 720
 Otolaryngologist, 720
 Otomycosis, 720
 Otoporrhea, 720
 Otosclerosis, 723
 Otoscopy, 724, 725f
 OT (oxytocin), 272, 757, 757f, 760
 OU (both eyes), 716
 -ous, 83
 Outer ear, 716, 718f
 Outside, prefix for, 112, 113
 Outpouchings, intestinal, 166
 Oval window, 716, 718f, 719, 721f
 Ovarian, 271
 Ovarian carcinoma, 276, 803t, 815t
 chemotherapeutic regimens for, 815t
 cystic adenocarcinoma, 802f
 Ovarian follicles, 260, 267
 Ovarian pregnancy, 112f
 Ovari/o, 270
 Ovary(ies), 258-260, 262f, 276, 277, 267, 276, 277f, 325, 748, 757, 758t, 759, 759f, 803t, 804t, 806, 806t
 combining form for, 270, 762
 function of, 757
 hormones produced by, 758t, 759f
 location and structure of, 757
 pathology of, 276
 teratoma, 802t
 Ov/o, 270
 Ovulation, 260, 262, 267
 Ovul/o, 270
 Ovum(a), 258, 260, 267
 Oxygen, 109
 -oxia, 109
 Oxacillin, 889t
 Ox/o, 108, 411, 465
 Oxy-, 765
 Oxycodone, 376, 887t, 904, 931
 Oxygenated blood, 400, 400f
 Oxygen (O₂), 108, 109, 408, 411, 462, 465
 Oxygen partial pressure (PaO₂), 482
 Oxy/o, 763
 Oxygenation, extracorporeal membrane, 431
 Oxytocia, 272
 Oxytocin, 272, 757, 757f, 760
 Oxytocin (OT), 757, 757f, 758t, 760, 764, 765, 777

P

P wave, 407f
 Pacemaker, 406, 408, 412, 413f, 424
 Packed red cells, 508, 522
 Paclitaxel, 817t, 816, 816e
 Paclitaxel plus albumin, 815t
 PaCO₂ (carbon dioxide partial pressure), 482
 PAC (premature atrial contraction), 433
 PACS (picture archival and communications system), 861
 PAD (peripheral arterial disease), 422
 Paget disease, 595
 Pain
 neuropathic, 376
 suffix for, 13, 76, 77, 360
 Pain disorder, 927t
 Palate, 151, 157
 hard and soft, 142, 143f
 Palatine tonsils, 458, 462
 Palat/o, 157, 192
 Palatopharyngoplasty, 157
 Palatoplasty, 157, 192
 Palatorrhaphy, 192
 Palliative therapy, 367, 371, 475, 820
 for bronchiectasis, 471
 for multiple myeloma, 522
 for psoriasis, 668
 radiotherapy as, 809
 Pallor, Raynaud disease associated with, 423
 Palpable, 704
 Palpebral, 704
 Palpebr/o, 704
 Palpitations, 414, 424, 434
 Palsy, 366
 Pamelor. *See* Nortriptyline
 Pamidronate disodium, 891t
 P-aminosalicylic acid, 889t
 Pan-, 114, 765
 Pancreas, 145, 147-149, 147f, 151, 169, 748, 754-755, 754f, 759, 804t, 815t
 abnormal conditions of, 775t
 combining form for, 157, 762
 function of, 148f, 149, 754
 hormones produced by, 758t
 hypersecretion, 770
 hyposecretion, 770
 location and structures of, 754
 pathologic conditions of, 167-169, 770-771
 and surrounding organs, 754f
 Pancreatectomy, 762
 Pancreatic, 192
 Pancreatic cancer, 170, 202
 Pancreatic duct, 147
 Pancreatitis, 169
 Pancreat/o, 157, 192, 762
 Pancreatoduodenectomy, 169, 192
 Pancytopenia, 515
 Panhypopituitarism, 774
 Panic disorder, 925
 Pantoprazole, 904e
 PaO₂ (oxygen partial pressure), 482
 Papanicolaou smear (Pap smear), 282, 282f, 809, 825f
 Papilla(ae), 140, 151
 mammary, 261f, 267
 Papillary tumors, 804, 819
 of thyroid, 804f
 Papilledema, 704
 Papill/o, 704, 822
 PA (posteroanterior), 853f, 861
 Pap smear, 282
 Papule, 662, 663f
 Par-, 900
 Para-, 114, 929, 942
 Paraaortic nodes, 555
 Paracentesis, 76, 199
 Para (denoting reproductive history), 272, 288
 Paralysis, 114, 361, 366
 Paralytic ileus, 167
 Paranasal sinuses, 458, 462

- Paraneuphric, 224
 Paranoia, 924, 929, 937
 Paranoid personality disorder, 928
 Paranoid type of schizophrenia, 929
 Paraphilias, 939, 937
 Paraplatin. *See* Carboplatin
 Paraplegia, 361
 Parasitic infection, 667
 Parasitism, 123
 Parasympathetic nerves, 346, 346f, 356
 Parathormone, 752, 760, 767
 Parathyroidectomy, 762
 Parathyroid glands, 114, 579, 748, 751-752, 751f, 752f, 759, 762, 767-768
 abnormal conditions of, 775t
 function of, 752
 hormones produced by, 758t
 hypersecretion, 767
 hyposecretion, 768
 location and structure of, 751
 Parathyroid hormone (PTH), 752, 768, 891, 894t
 Parathyroid/o, 762
 Paregoric, 895t
 Parenchyma, 230, 313, 356
 brain, 348f
 nervous system, 349
 pulmonary, 463
 renal, 230
 Parenchymal tissue, 313, 316
 Parenteral, 155
 Parenteral administration, 885, 885t, 897
 Parenteral nutrition, 155
 Paresis, 361
 -paresis, 361
 Paresthesia, 360
 Pareunia, 273
 Parietal bone, 582, 583f, 585t
 Parietal lobe, 350f
 Parietal pericardium, 404, 404f
 Parietal pleura, 459f, 461, 463, 466f, 480f
 Parkinson disease, 367, 367f
 Parkinsonism, 367
 Parnate. *See* Tranlycypromine
 Paronychia, 660
 acute, 661f
 Paronychium, 655, 657
 Parotid gland, 142, 151
 -parous, 272
 Paroxetine, 890t, 935f
 Paroxysmal, 475
 Paroxysmal AF, 414
 Paroxysmal nocturnal dyspnea (PND), 468
 Parsonage-Turner syndrome, 376
 Partial prothrombin time (PTT), 521
 Partial-thickness burn injury, 666
 -partum, 109
 Parturition, 267
 Parvovirus, 657
 Passage, suffix for, 596
 Patch test, 662, 674
 Patella, 590, 591t, 597, 612f
 Patellar, 597
 Patell/o, 597
 Patent, 424
 Patent ductus arteriosus (PDA), 415
 Path/o, 11, 75
 Pathogenesis, 75
 Pathogenic, 13
 Pathologic, 79
 Pathologic fracture, 598
 Pathologist, 11
 Pathology, 11
 adrenal cortex, 768-769
 adrenal medulla, 769
 blood system, 517-522
 bones, 598
 digestive system, 160-161
 ear, 722-723
 eye, 708-711
 female reproductive system, 274-281
 Pathology (*Continued*)
 heart, 412
 joints, 606
 lymphatic and immune systems, 558-560
 male reproductive system, 319-322
 muscles, 616
 nervous system, 362-370
 pancreas, 770-772
 parathyroid glands, 767-768
 pituitary gland, 771-773
 respiratory system, 469-475
 skin, 662-672
 thyroid gland, 766-767
 tumor
 gross descriptions, 802
 microscopic descriptions, 803
 Path (pathology), 288
 -pathy, 14, 79
 Patient-controlled anesthesia (PCA), 374, 903
 Paxil. *See* Paroxetine
 p.c., pc (post cibum; after meals), 160, 903 –
 check this line
 PCA (patient-controlled anesthesia), 374, 903
 PCI (percutaneous coronary intervention), 419, 431
 PCP (phencyclidine), 906, 931
 PCP (Pneumocystis pneumonia), 482, 558t, 563
 PCR (polymerase chain reaction), 120
 PDA (patent ductus arteriosus), 415
 PDD (pervasive developmental disorder), 928, 932t, 937
 PD (peritoneal dialysis), 234, 235f, 237
 PD (progressive disease), 823
 PDR (Physicians' Desk Reference), 877, 891, 903
 Pectoralis major, 612f
 Pector/o, 465
 Pediatric, 11
 Ped/o, 11
 Pedophilia, 929
 Pedunculated growths (fibroids), 276f
 Pedunculated polypoid tumors, 807, 820
 Pedunculated tumors, 817
 PE (pulmonary embolism), 422, 423f
 PEEP (positive end-expiratory pressure), 482
 Pegfilgrastim, **817e**
 PEG (percutaneous endoscopic gastrostomy)
 tube, 191
 PEJ tube (percutaneous endoscopic jejunostomy tube), 200
 Peiti mal seizures, 365
 Pelv/i, 55, 597
 Pelvic bone, 591t
 Pelvic cavity, 590
 Pelvic exenteration, 286
 Pelvic girdle, 590
 Pelvic inflammatory disease (PID), 277
 Pelvic ultrasonography, 283
 Pelvimetry, 287
 Pelvis, 45, 55, 108, 220f, 221, 222, 225, 233, 287, 597, 854
 bones of, 588f, 590
 Pemetrexed, 815t
 Pend/o, 152
 Penetrating keratoplasty, 714
 -penia, 79, 514
 Penicillin, 324, 889t
 Penile, 318
 Penis, 314, 316, 322, 804t
 anatomical disorders of, 322
 balanitis of, 317f
 combining form for, 318
 Pen/o, 318
 Pentothal. *See* Thiopental
 PEP (positive expiratory pressure), 482
 -pepsia, 188
 Pepsin, 145
 Peptic ulcer, 163
 Peptic ulcer disease (PUD), 200
 PE (pulmonary embolism), 422, 474, 474f
 Per-, 114
 Percussion, 469
 Percutaneous, 114
 Percutaneous coronary intervention (PCI), 419, 431
 Percutaneous endoscopic gastrostomy (PEG) tube, 191
 Percutaneous endoscopic jejunostomy tube (PEJ tube), 200
 Percutaneous liver biopsy, 123
 Percutaneous transhepatic cholangiography (PTHC), 194, 852
 Percutaneous transluminal coronary angioplasty (PTCA), 431
 Percutaneous trauma, 853f
 Percutaneous ultrasonic lithotripsy (PUL), 239
 Perfusion studies, 859
 Peri-, 15, 114
 Perianal, 155
 Pericardial cavity, 404
 Pericardial friction rub, 424
 Pericardi/o, 411
 Pericardiocentesis, 420
 Pericarditis, 420
 Pericardium, 15, 404, 404f, 408, 411, 420
 Perilymph, 717, 719
 Perine/o, 270
 Perineorrhaphy, 269, 271
 Perineum, 259, 267, 270, 313, 316
 Periodontal disease, 162
 Periodontal membrane, 142
 Periodontist, 158
 Periosteum, 45, 580, 593
 Peripheral arterial disease (PAD), 422
 Peripheral blood stem cell transplantation, 824
 Peripheral nervous system (PNS), 344, 374
 divisions of, 347f
 Peripheral stem cell transplantation (PSCT), 823
 Peristalsis, 144, 152
 Peritoneal, 79, 597
 Peritoneal dialysis (PD), 236, 239
 Peritoneal pregnancy, 112f
 Peritone/o, 75, 157
 Peritoneoscopy, 54, 86
 Peritoneum, 42f, 43f, 45, 157
 Peritonitis, 159
 Permanent AF, 414
 Pernicious anemia, 518f, 519
 Peroneal, 597
 Peroneal nerve, 615f
 Perone/o, 598
 Per os (by mouth; PO, p.o., po), 903
 PERRLA (pupils equal, round, reactive to light and accommodation), 716
 Persistent AF, 414
 Personality, Freud's theory of, 924
 Personality disorders, 928, 932t, 937
 Personality tests, 922
 Personality traits, 928
 Perspiration, 656
 Pertussis, 471
 Pervasive developmental disorder (PDD), 928, 932t, 937
 PET scan brain, 372f
 PET/CT scan, 826, 826f
 PET/CT (positron emission tomography/computed tomography), 826, 860, 861f
 Petechia(ae), 420, 424, 518, 518f, 664
 Petit mal seizures, 365
 PET (positron emission tomography), 372, 374, 858, 861
 PET (positron emission tomography) scan, 427
 of brain, 372f
 of cardiovascular system, 427
 of lung, 477
 PE tube (pressure-equalizing tube), 725
 -pexy, 319
 Peyote, 903, 931
 PFTs (pulmonary function tests), 478
 PH, 228, 228f
 p53 gene, 798

- Phac/o, 704
Phacoemulsification, 704, 715
-phage, 514
-phagia, 188
Phag/o, 75, 513
Phagocytes, 85, 504
 bone, 579
Phagocytosis, 505f
Phagophobia, 941t
Phak/o, 704
Phalangeal, 597
Phalang/o, 598
Phalanx(ges), 597
 finger and toe bones, 591t
 fingers, 590
 toes, 590f, 591
Pharmaceut/o, 864
Pharmacist, 880, 898
Pharmac/o, 901
Pharmacodynamics, 880, 898
Pharmacokinetics, 880, 898
Pharmacologist, 880, 898
Pharmacology, 879-917
 abbreviations, 903
 actions and interactions of drugs, 880
 administration of drugs, 878-879
 classes of drugs, 881-890
 combining form for, 895
 controlled substances, 898-899
 drug names, standards, and references, 877
 drug toxicity, 880-881
 prefixes for, 895
 pronunciation of terms for, 915-918
 suffixes for, 913
 top 30 prescription drugs for 2007, 904.e1
 vocabulary, 897-900
Pharmacophobia, 941t
Pharmacy, 880, 898
Pharmacy technician, 880
Pharyngeal, 159, 466
Pharyngeal tonsils, 458
Pharyng/o, 157, 465
Pharynx, 39, 40, 143-144, 152, 458, 463, 465
Phases of clinical trials, 810
-phasia, 361
Phas/o, 188
Phencyclidine (PCP), 906, 931
Phenelzine, 935f
Phenergan. *See* Promethazine
Phenobarbital, 890t, 896t
Phenothiazines, 934, 935f, 939
Phenylketonuria (PKU), 229, 247
Phenytoin sodium, 890t
Pheochromocytoma, 769
Pheomelanin, 653
-phil, 514
Philadelphia chromosome, 802
-philia, 514, 929
Phil/o, 940
Phim/o, 322
Phimosis, 322, 323f
Phlebitis, 75, 411
Phleb/o, 411
Phlebotomy, 78, 411
-phobia, 79, 940
Phobia(s), 925, 937, 941t
Phobic disorders, 925
Phon/o, 465
-phoresis, 514
-phoria, 109, 941
Phor/o, 271
Phosphatase, 824
Phosphorus (P), 593
 in bone formation, 579, 593
Phot/o, 705
Photocoagulation, laser, 709, 715
Photographic plate, x-ray and, 848
Photon therapy, 811, 820
Photophobia, 705, 941t
Photopsis, 711
Photorefractive keratectomy (PRK), 716
Photosensitive vaporization of prostate
 (GreenLight PVP), 325, 326
Phototherapy, 119
pH (potential hydrogen), 237
 of urine, 228
Phrenic nerve, 466
Phren/o, 465, 940
pH scale, 228f
-phylaxis, 557, 895
Physiatrists, 578, 593
Physical dependence, 924
Physical therapist, 578
Physical therapy (PT), 621
Physicians' Desk Reference (PDR), 881, 898
-physis, 109, 596
Phys/o, 764
Phyt/o, 660
Phytonadione, 902t
Pia mater, 354, 356
Picture archival and communications system
 (PACS), 861
PID (pelvic inflammatory disease), 277
Pigmented lesion of skin, 670
Pigmented skin, with varicose veins, 423f
Piles, 423
Pil/o, 660
Pilocarpine, 705
Pilonidal cyst, 662
Pilosebaceous, 660
Pimple, papule and, 662
Pineal gland, 748
Pinkeye, 702
Pinna, 716, 718f, 719
PIN (prostatic intraepithelial neoplasia), 326
Pioglitazone, 890t, **904e**
PI (protease inhibitor), 559, 562
Pirbuterol, 895t
Pituitary/o, 762
Pituitary gland, 40, 86, 258, 265, 267, 748, 755-
 757, 757f, 759, 764f, 773-775
 abnormal conditions of, 775t
 anterior lobe pathology, 755, 756f
 combining form for, 762
 function of, 756
 hormones produced by, 758t
 location and structure of, 755f
 posterior lobe pathology, 755, 756f
Pivoxacain, pain treated with, 376
PKD (polycystic kidney disease), 230, 230f
PKU (phenylketonuria), 229, 247
Place, combining form for, 108
Placenta, 258, 263, 264, 267, 263f, 280
 pathology of, 279
Placenta previa, 280
-plakia, 658
Planes of body, 48f, 49
Planes of head, 68
Plant, 660, 882
Plantar flexion, 614
Plantar warts, 671
Plant/o, 615
Plaque(s)
 atherosclerotic, 419f
 dental, 161, 162
 formed by papules, 662
 oral mucosal, 162
 in psoriasis, 667
 rupture of, 419f
 senile, 364
 yellowish, 410
-plasia, 80, 109, 823
-plasm, 109, 823
Plasma, 502, 506-507, 511, 520, 805t
Plasma cells, 552, 552f, 555, 561
Plasma exchange, 522
Plasmapheresis, 507, 511, 513
Plas/o, 75, 822
-plasty, 80, 188
Platelet aggregate, 419f
Platelet count, 521
Plateletpheresis, 513
Platelets, 9f, 85, 502, 506, 511
Platinol. *See* Cisplatin
Plavix. *See* Clopidogrel bisulfate
Play therapy, 933, 939
-plegia, 361
Ple/o, 822
Pleomorphic tumors, 804, 819
Pleura, 41, 45, 460, 462, 463, 465, 474-475
Pleural, 79
Pleural cavity, 463, 468, 475, 479
Pleural disorders, 475
Pleural effusion, 465, 475, 482-483
Pleural rub, 469
Pleurisy, 475
Pleuritis, 475
Pleur/o, 75, 465
Pleurodesis, 475
Pleurodynia, 77, 465
Plexus(es), 344, 356
 spinal, 345f
Plurals, formation of, 14, 76
PMNLs (polymorphonuclear leukocytes), 525
PMNs (polymorphonuclear leukocytes), 82, 507,
 513, 525
PMS (premenstrual syndrome), 262
PND (paroxysmal nocturnal dyspnea), 468
-pnea, 109, 468
Pneumatic retinopathy, retinal detachment
 treated with, 711
Pneum/o, 466
Pneumococci, 84
Pneumoconiosis, 472
Pneumocystis pneumonia (PCP), 482, 558t,
 563
Pneumonectomy, 464f
Pneumonia, 473, 476f, 484, 558t,
 lobar, 473, 473f
Pneumonitis, 813
Pneumon/o, 75, 466
Pneumonia, 484
Pneumothorax, 466, 466f, 475
PNS (peripheral nervous system), 344, 356,
 374
 divisions of, 347f
PO, p.o., po (by mouth; per os), 903
POAG (primary open-angle glaucoma), 716
Podagra, 606
Pod/o, 606
-poiesis, 514
-poietin, 227
Poikil/o, 513
Poikilocytosis, 513, 515f
Poison, 108, 551, 557, 764, 900
Polio-, 359
Poli/o, 659t
Poliomyelitis, 359, 659t
Pol/o, 921
Poly-, 115, 765
Polyarthritis, 604
Polycystic kidney disease (PKD), 230, 230f
Polycythemia vera, 517
Polydipsia, 226, 763, 771t
Polymerase chain reaction (PCR), 120
Polymorphonuclear granulocyte, 504, 505, 511,
 513, 525
Polymorphonuclear leukocytes (PMNs; PMNLs),
 82, 504, 505, 507, 511, 513, 525
Polymox. *See* Amoxicillin
Polymyalgia rheumatica, 617
Polymyositis, 617
Polyneuritis, 115, 357
Polyneuropathy, 359
Polypectomy, 198f
Polyphagia, diabetes and, 188, 771t
Polyp/o, 822
Polypoid tumors, 807
Polyposis coli syndrome, 803t
 adenomatous, 798

- Polyp(s), 662
 combining form for, 822
 nasal, 663f
 pedunculated, 164
 Polys (polymorphonuclear leukocytes), 525
 Polyunsaturated fats, 425
 Polyuria, 227, 765, 771t
 Pons, 351, 352f, 356, 359
 Pont/o, 359
 Popliteal artery, 401f
 Pore, 656, 657
 -porosis, 596
 Portal hypertension, 164
 Portal vein, 151, 152, 152f, 154
 Positional and directional terms, 50
 Positioning, for x-rays, 857-858
 Position(s)
 combining form for, 108
 dorsal lithotomy, 63f
 of gallstones, 169f
 for x-ray views, 857-858
 Positive end-expiratory pressure (PEEP), 482
 Positive expiratory pressure (PEP), 482
 Positive symptoms of schizophrenia, 929, 932t
 Positron emission tomography (PET), 372, 374, 860, 863
 Positron emission tomography (PET) scan, 427
 of brain, 372
 of cardiovascular system, 427
 of lung, 477
 Post-, 115
 Postauricular, 720
 Post cibum (p.c., pc; after meals), 160, 903
 Posterior, 50, 53, 55
 Posterior cruciate ligament, 603f
 Posterior (dorsal), 50
 Posterior lobe of pituitary, 755, 759, 775,
 hormones produced by, 757f, 758t
 pathology of, 773-774
 Posterior tibial artery, 401f
 Poster/o, 55
 Posteroanterior (PA) view, 853, 853f
 Postictal events, 365
 Post (p̄; after), 903
 Postmortem, 115
 Postpartum, 115
 Postprandial, 160
 Post-traumatic stress disorder (PTSD), 926, 937
 Potassium, 216, 226, 753, 763
 Potassium chloride, **904e**
 Potassium hydroxide (KOH), 672
 Potassium (K⁺), 216, 224, 237, 753, 763, 777
 combining form for, 226
 Potential hydrogen (pH), 239
 PPD (purified protein derivative), 481, 482, 672, 673
 PPD skin test, 475
 P (phosphorus), 621
 p̄ (post; after), 903
 Pradaxa. *See* Dabigatran
 -prandial, 158
 Prandin. *See* Repaglinide
 Prasugrel, 419, 890t
 Pravachol. *See* Pravastatin
 -praxia, 362
 Pre-, 115, 273
 Precancerous, 115
 Precose. *See* Acarbose
 Pre-diabetes, 773
 Prednisone, 778, 815t, 892t, 893t
 Preeclampsia, 281
 Prefixes, 107-137
 in basic word structure, 5
 for cardiovascular system, 455
 combining forms and, 108-109
 for endocrine system, 763
 for female reproductive system, 273
 for lymphatic and immune systems, 557
 for muscles, 615
 for oncology, 820
 Prefixes (*Continued*)
 for pharmacology, 895-896
 for psychiatry, 936
 for radiology and nuclear medicine, 860
 related appendices, 118-122
 in relation to body as a whole, 56
 for respiratory system, 501
 suffixes in combination with, 109
 and terminology, 109-118
 Pregnancy, 262-265
 -cyesis suffix, 111t, 272
 ectopic, 112f, 280
 hormonal interaction in, 265
 pathologic conditions of, 280-281
 procedures related to, 286-287
 Rh condition and, 119f
 test, 282
 Premarin tabs. *See* Estrogen(s)
 Premature atrial contraction (PAC), 433
 Premature ejaculation, 933
 Premature ventricular contraction (PVC), 433
 Premenstrual syndrome (PMS), 262
 Premolars, 141
 Prenatal, 115, 273
 Prepatellar bursa, 603f
 Premarin. *See* Estrogen
 Prepuce, 314, 316, 325
 Presbycusis, 721
 Presby/o, 705
 Presbyopia, 707
 Prescription (Rx), 880, 905
 top 30 prescription drugs in 2007, 904.e1
 Pressure-equalizing tube (PE tube), 725
 Pressure ulcers, 662
 Prevacid. *See* Lansoprazole
 Prilosec. *See* Omeprazole
 Primary central nervous system lymphoma, case
 study of, 527-528
 Primary complications of diabetes, 769
 Primary open-angle glaucoma (POAG), 716
 Primary syphilis, 324f
 Primatene. *See* Epinephrine
 Primi-, 273
 Primigravida, 271
 Primipara, 271
 Primiparous, 272
 Primip (primipara; primiparous), 288
 Prinivil. *See* Lisinopril
 Pristiq. *See* Desvenlafaxine
 PRK (photorefractive keratectomy), 716
 PRL (prolactin), 756, 757f, 758t, 760, 763, 777
 p.r.n., prn (as needed, as necessary; pro re nata),
 903
 Pro-, 15, 115
 ProAir HFA. *See* Albuterol
 Probe, in ultrasonography, 850-851
 Procaine, 885t
 Procardia. *See* Nifedipine
 Process, suffix for, 13, 14, 83
 Prochlorperazine maleate, 895t
 Procrit. *See* Erythropoietin (EPO)
 Proct/o, 157, 192
 Proctologist, 159
 Proctosigmoidoscopy, 192
 Proctoscopy, 198
 Prodrome, 115
 Production, 13, 78, 83, 109, 514, 940
 Progenitor cells, 503f
 Progesterone, 258, 262, 268, 757, 760
 Progestins, 893, 894t, 900
 Prognosis, 10
 Progressive disease (PD), 823
 Projective (personality) test, 937
 Prolactin (PRL), 756, 757f, 760
 Prolapse, 80, 109
 of uterus, 122f, 271
 Prolia. *See* Denosumab
 Promethazine, 891t, 895t
 Pronation, 614
 Prone (positional term), 50, 858
 Pronunciation of terms
 for blood system, 538-541
 for cardiovascular system, 449-454
 clues for pronouncing g and c, 84
 for digestive system, 181-186, 210-212
 for endocrine system, 786-789
 for eyes, 737
 for female reproductive system, 303-308
 for lymphatic and immune systems, 572
 for male reproductive system, 338-340
 for musculoskeletal system, 641-648
 for nervous system, 388-393
 for oncology, 835
 for pharmacology, 909
 problems with, 2
 for psychiatry, 949
 for radiology and nuclear medicine, 870
 relating to
 basic word structure, 25
 body as a whole, 66
 for respiratory system, 494-498
 for skin, 686-689
 in study of
 prefixes, 134
 suffixes, 101
 for urinary system, 249-252
 Prophylthiouracil, 778
 Propofol, 885t
 Propoxyphene HC, 881t
 Propranolol, 778, 891t
 Proptosis, 189, 766
 Pro re nata (p.r.n., prn; as needed), 903
 Pros- (prefix), 116
 Prostaglandins, 748, 749t
 Prostatectomy, 322
 Prostate cancer, 329
 Prostate gland, 15, 312, 314, 316, 318, 321-322,
 321f, 325, 327-329, 804t, 815t
 combining form for, 318
 location of, 124f
 transurethral resection of, 122
 tumors of, 321
 Prostate-specific antigen (PSA) test, 321, 324,
 824
 Prostatic intraepithelial neoplasia (PIN), 326
 Prostatitis, 318
 Prostat/o, 318
 Prosthesis, 116, 116f
 knee replacement, 617f
 stapedectomy and, 721, 721f, 723
 Prosthetic device, 623f
 Prostrate, 316
 prot. (protocol), 823
 Protease, 149, 152
 Protease inhibitors (PIs), 559, 562
 Protection, combining form for, 108, 556
 Protein markers, CA 125, 276, 288
 Protein marker tests, 824
 Protein pump inhibitor, 904.e1
 Protein marker test, 824
 Protein(s), 13, 506, 514, 520, 824,
 combining form for, 158
 in urine, 228
 Protein synthesis, 800, 800f
 Proteinuria, preeclampsia and, 281
 Prote/o, 158
 Prothrombin, 506, 511
 Prothrombin time (PT), 521
 Prot/o, 822
 Protocol, 820, 822
 for chemotherapy, 814
 Proton beam radiosurgery, 373f
 Proton, irradiation and, 811
 Protonix. *See* Pantoprazole
 Proton stereotactic radiosurgery (PSRS), 373
 Proton therapy, 812, 812f, 820
 Protons, 806-807
 Provera. *See* Medroxyprogesterone acetate
 Proximal phalanges, 590f
 Proximal (positional term), 50, 55

Proxim/o, 55
 Prozac. *See* Fluoxetine
 Prurit/o, 901
 Pruritus, 664, 668, 670
 PSA (prostate-specific antigen), 321, 324, 824
 PSA test, 321, 324, 326
 PSCT (peripheral stem cell transplantation), 823
 Pseudo-, 116, 271
 Pseudocyesis, 271
 Pseudohypertrophy, 617
 Psoralen-ultraviolet A (PUVA), 668, 674
 Psoriasis, 668
 PSRS (proton stereotactic radiosurgery), 373
 Psych- (C), 942
 Psychiatric clinical symptoms, 917
 Psychiatric disorders, 924-932, 932t
 anxiety disorders, 925-926
 delirium and dementia, 926
 dissociative disorder, 926
 eating disorders, 926-927
 mood disorders, 927
 personality disorders, 928
 pervasive developmental disorders, 928
 schizophrenia, 929
 sexual and gender identity disorders, 929-930
 somatoform disorders, 930
 substance-related disorders, 930-931
 Psychiatrist, 12, 922, 937
 Psychiatry, 921-960
 abbreviations, 942
 case reports, 944-945
 combining form for, 939-940
 prefixes for, 941-942
 pronunciation of terms for, 956-959
 psychiatric clinical symptoms, 917
 psychiatric disorders, 924-932
 suffixes for, 941
 tests used in, 916-917
 therapeutic modalities, 933-936
 vocabulary, 936-939
 Psych/o, 12, 922, 940
 Psychoactive substances, 932f
 Psychoanalysis, 922, 933, 939
 Psychoanalysts, 916
 Psychodrama, 933, 939
 Psychogenic, 937, 940
 Psychological dependence, 930
 Psychologist, 922, 938
 Psychology, 12, 922, 938
 Psychopharmacology, 922, 939
 Psychosis, 925, 938, 940
 Psychosomatic, 940
 Psychotherapy (PRx), 922, 933
 PTCA (percutaneous transluminal coronary angioplasty), 431
 PTH (parathyroid hormone), 752, 768, 891, 894t
 PTHC (percutaneous transhepatic cholangiography), 194, 852
 Ptosis, 80, 80f, 702, 710t
 -ptosis, 80, 109, 189
 Pt (patient), 903
 PT (physical therapy), 621
 PT (prothrombin time), 521
 PTSD (post-traumatic stress disorder), 926, 937
 PTT (partial prothrombin time), 521
 -ptysis, 189, 468
 Puberty, 268
 Pubic, 593
 Pubic bones, 116, 117f, 313f
 Pubic symphysis, 593
 Pubis, 108, 590, 591t, 598
 Pub/o, 108, 598
 PUD (peptic ulcer disease), 200
 Pulmonary, 79, 467
 Pulmonary abscess, 473
 Pulmonary arteriole, 459f
 Pulmonary artery, 400, 400f, 402, 404f, 405f, 409
 Pulmonary artery stenosis, 416
 Pulmonary circulation, 400, 400f, 409
 Pulmonary edema, 417, 473

Pulmonary embolism (PE), 422, 423f, 474, 474f
 Pulmonary fibrosis, 475
 Pulmonary function tests (PFTs), 478, 479f
 Pulmonary infarction, 474, 475
 Pulmonary parenchyma, 463
 Pulmonary resections, 465f
 Pulmonary valve, 402, 404f, 405f, 409
 Pulmonary veins, 400, 400f, 402, 405f
 Pulmonary venule, 459f
 Pulmon/o, 75, 466
 Pulp, dental, 142, 152
 PUL (percutaneous ultrasonic lithotripsy), 237
 Pulse, 401, 409, 468
 combining form for, 411
 Pumps, drug administration with, 884
 Puncture, suffix for, 76
 Punch biopsy, 674
 Pupillary, 704
 Pupill/o, 704
 Pupil(s), 695, 700f, 701, 702, 704
 Pure-tone audiometer, 724f
 Purgatives, 894, 900
 Purified protein derivative (PPD), 481, 482, 674
 Purging, bulimia nervosa and, 927
 Purpura, 518
 Purulent, 322, 475
 Pus
 combining form for, 158, 227, 660
 in exudate, 476
 in osteomyelitis, 600
 in pulmonary abscess, 474
 Pustule, 662, 663f
 PUVA (psoralen-ultraviolet A), 668, 674
 PVC (premature ventricular contraction), 433
 PVP (photosensitive vaporization of prostate), 326
 P wave, 407f, 429f
 Pyel/o, 158, 225
 Pyelogram, 854
 intravenous, 854
 retrograde, 233, 854
 Pyelography, 854
 Pyelolithotomy, 225
 Pyelonephritis, 230
 Pyloric sphincter, 145
 Pyloric stenosis, 189, 282
 Pylor/o, 157, 192
 Pyloroplasty, 159
 Pylorospasm, 189
 Pylor/o, 157, 192
 Pylorus, 152
 Py/o, 227, 660
 Pyoderma, 660, 667
 Pyogenic meningitis, 368
 Pyorrhea, 158
 Pyosalpinx, 272
 Pyothorax, 468
 Pyret/o, 901
 Pyrexia, 606
 Pyridoxine, 902t
 Pyr/o, 940
 Pyromania, 940
 Pyuria, 158

Q
 qAM (every morning), 903
 q (every; quaque), 903
 q.h., qh (every hour; quaque hora), 903
 q2h (every 2 hours), 903
 q.i.d., qid (four times a day; quater in die), 903
 qPM (every evening), 903
 QRS wave, 407f
 Quaalude. *See* Methaqualone
 q.s., qs (sufficient quantity; quantum satis), 903
 Quadri-, 360
 Quadriceps, 612f
 Quadriplegia, 361
 Quantum satis (sufficient quantity; q.s., qs), 903
 Quaque (every; q), 903
 Quaque hora (every hour; q.h., qh), 903

Quater in die (q.i.d., qid; four times a day), 903
 Quetiapine, 935f
 Questtran. *See* Cholestyramine
 Quetiapine fumarate, **904e**
 Quinapril, 893t
 Quinolones, 889t

R
 Radial, 597
 Radial artery, 234f, 401f
 Radiation, 801, 820, 822
 causing DNA damage, 797
 Radiation therapy (RT, XRT), 810-813
 IGRT, 823
 IMRT, 823
 Radiculitis, 359
 Radicul/o, 359
 Radiculopathy, 359
 Radi/o, 12, 75, 598, 822, 864
 Radioactive iodine (RAI), 776
 Radioactive iodine uptake (RAIU) scan, 776, 862
 of thyroid gland, 774
 Radioactivity, 848, 858
 Radiocurable tumor, 808, 817
 Radiofrequency ablation (RFA), 854
 Radiographer, 82, 848
 Radiography, digital, 850
 Radioimmunoassay (RIA), 858, 863
 Radioisotope, 863, 864
 Radioisotope scan, of kidney, 233, 858
 Radiolabeled compounds, 859, 863
 Radiologic diagnostic techniques, 853f
 Radiologic technologist, 848
 Radiologist, definition of, 12, 848, 863
 Radiology, 847-877
 abbreviations, 865
 characteristics of x-rays, 844-845
 combining form for, 859
 diagnostic techniques, 850-857
 prefixes for, 860
 pronunciation of terms for, 874-876
 suffixes for, 860
 vocabulary, 862-863
 x-ray positioning, 853-854
 Radiolucent substance, 484, 863
 Radionuclides, 858, 863, 868
 Radionuclide scans, 826, 859
 Radionuclide studies, PET scan of brain, 372
 Radiopaque substance, 848, 863
 Radiopharmaceuticals, 859, 863, 868
 Radioresistant tumor, 808, 817
 Radiosensitive tumor, 808, 817
 Radiosensitizer drugs, 812, 820
 Radiosurgery
 PSRS, 823
 stereotactic, 373, 373f, 812, 812f, 820
 Radiotherapy, 81, 813, 820, 828-829
 Radiotracer, 860
 Radius, 589, 591t, 598
 RAI (radioactive iodine), 776
 RAIU (radioactive iodine uptake) scan, 776, 862
 of thyroid gland, 774
 Rales, 469
 Raloxifene, 891t, 894t
 Ramipril, 893t
 Range of motion (ROM), 621
 Ranitidine, 894, 895t
 Rapid, prefix for, 765
 Rapid-acting insulin, 768
 Rapid plasma reagin (RPR), 326
 RA (rheumatoid arthritis), 111, 606, 607f
 Rash, 667
 erythematous, 657
 in SLE, 610f
 ras oncogene, 801
 Ray, combining form for, 822
 Raynaud disease, 423
 Raynaud phenomenon, 423
 RBBB (right bundle branch block), 412

- RBC (red blood cell, red blood cell count), 119, 523, 525
 RB1 gene, 798, 799t
 RDS (respiratory distress syndrome of newborn), 281, 288, 482
 Re-, 15, 116
 Reabsorption, tubular, 219f, 221f, 222
 Reading, cerebral area for, 7f
 Reality testing, 924, 938
 Rebetol. *See* Ribavirin
 Receptors, 344, 357, 748, 761, 816
 drug, 886, 898
 external (sense organs), 344
 hormone binding, 748, 761
 Recombinant DNA, 120, 121f
 Reconstruction breast surgery, 279f
 Record, suffix for, 13, 78, 864
 Rectal administration, 884, 885t, 898
 Rectal carcinoma, 191
 Rectal MRI, 196f
 Rect/o, 75, 157, 192
 Rectocele, 84
 Rectum, 146, 152, 157, 164
 Recumbent, 858
 Red blood cell count (RBC), 9, 9f, 521,
 diseases of, 515-517
 enmeshed in fibrin, 511f
 morphology of, 521
 normal, 517f
 Red, combining form for, 512
 Red bone marrow, 581, 593
 Redness, combining form for, 658
 Reduction
 for dislocation, 608
 for fracture, 599f
 Reed-Sternberg cell, 560
 References, drug, 877
 Reflexes, deep tendon (DTRs), 621
 Refludan. *See* Lepirudin
 Reflux
 GERD, 162, 200
 vesicoureteral, 226
 Reflux esophagitis, 162
 Refract, 696, 705
 Refraction, 695, 697, 701, 715
 errors of, 706-707
 Regulatory T cells (Tregs), 552, 555, 563
 Reglan. *See* Metoclopramide
 Relapse, 116, 519, 820
 Release antidepressant, 904.e1
 Remeron. *See* Mirtazapine
 Remicade. *See* Infliximab
 Remission, 116, 519, 814, 820
 Removal, suffix for, 513
 Renal, 12
 Renal angiography, 232
 Renal angioplasty, 235
 Renal artery, 217f, 218, 218f, 222, 236f, 401f, 421f
 Renal cell carcinoma, 803t
 Renal failure, acute or chronic, 231
 Renal hypertension, 231
 Renal ischemia, 225
 Renal pelvis, 219f, 220f, 221, 222, 224, 225, 230,
 233
 Renal scan, 233
 Renal transplantation, 236, 240
 Renal tubule, 219, 222, 229
 Renal vein, 217f, 222
 Renin, 216, 218, 222
 Ren/o, 12, 75, 225
 Renogram, 233
 Repaglinide, 890t
 Repression, 930, 938
 Reproductive system
 carcinomas of, 804t
 female. *See* Female reproductive system
 male. *See* Male reproductive system
 Resection, 12, 15
 en bloc, 806
 pulmonary, 464f
 Resection (*Continued*)
 spleen, 826
 transurethral, of prostate gland, 124-125, 320,
 325
 Resection arthroplasty, 617
 Resectoscope, 325f
 Residual type of schizophrenia, 929
 Residual volume (RV), 483
 Resins, 886t
 Resistance drug, 885, 896
 Respiration, 281, 352, 458-461, 461f, 463
 Respiratory center of medulla oblongata, 350
 Respiratory distress, 281, 893, 898
 Respiratory drugs, 893, 898
 Respiratory effort, Apgar score for, 281
 Respiratory syncytial virus (RSV), 471
 Respiratory system, 457-500
 abbreviations, 481-482
 anatomy and physiology of, 458-462
 clinical procedures, 476-480
 combining form for, 464t
 organs of, 40, 459f
 pathology
 bronchial disorders, 470
 diagnostic terms, 469
 lung disorders, 471
 pleural disorders, 475
 upper respiratory disorders, 470
 prefixes for, 501t
 pronunciation of terms for, 494-498
 suffixes for, 468t
 vocabulary, 462-463
 Response, drug action and, 886, 898
 Restoril. *See* Temazepam
 Restrictive lung disease, 478
 Retention, urinary, 227
 Reticulocytes, 511
 Retina, 698, 699f, 700f, 701, 704, 708, 710, 711,
 715f, 726
 Retin-A. *See* Tretinoin
 Retinal detachment, 711, 715f, 726
 Retinitis pigmentosa, 704
 Retin/o, 704
 Retinoblastoma (Rb), 802, 803t, 823
 Retinoblastoma (Rb) type 1 gene (RB1), 802,
 803t, 823
 Retinol, 902t
 Retinopathy
 diabetic, 708, 772
 hypertensive, 704
 Retinopexy, retinal detachment treated with, 711
 Retro-, 15, 116, 273
 Retrocardiac, 14
 Retroflexion, 116
 Retrograde pyelogram (RP), 233
 Retroperitoneal, 116
 Retroperitoneal area, 43f
 Retroversion, 273
 Retrovir. *See* Zidovudine
 Retrovirus, cancer associated with, 801
 Return, prefix for, 116
 Reverse transcriptase inhibitors (RTIs), 559, 562
 Reverse transcriptase (RT), 559
 Revision arthroplasty, 618
 Revlimid. *See* Lenalidomide
 Reye syndrome, 121
 RFA (radiofrequency ablation), 854
 RF (rheumatoid factor test), 617
 Rhabdomy/o, 616
 Rhabdomyoma, 616
 Rhabdomyosarcoma, 798f, 805t
 Rh condition, 118-119
 Rheumatic fever, 421
 Rheumatic heart disease, 421
 Rheumat/o, 578, 605
 Rheumatoid arthritis (RA), 111, 606, 607f
 Rheumatoid factor test (RF), 606, 617
 Rheumatic fever, 421
 Rheumatic heart disease, description of, 421
 Rheumatologist, 578
 Rh factor, 281, 511
 Rhinitis, 11
 allergic, 560
 Rhin/o, 12, 75, 466
 Rhinoplasty, 189, 467
 Rhinorrhea, 466
 Rhonchus(i), 469
 Rhythm
 combining form for, 411
 heart, 412
 Rhytidectomy, 660
 Rhytid/o, 660
 RIA (radioimmunoassay), 858, 863
 Rib cage, 589f
 Ribavirin, 887t
 Riboflavin, 900t
 Ribomustine. *See* Bendamustine
 Ribonucleic acid (RNA), 800, 800f, 820
 Ribosomes, 34f, 36
 Ribs, 108, 589, 593, 597
 Rickets, 600
 Rifadin. *See* Rifampin
 Rifampin, 889t
 Right atrium, 402, 404f, 405f
 Right bundle branch, 406, 406f
 Right bundle branch block (RBBB), 412
 Right ear (AD), 725
 Right eye (OD), 699f, 716
 Right lower lobe of lung (RLL), 482
 Right lower quadrant (RLQ), 47, 152t, 277
 Right lymphatic duct, 548f, 549, 555
 Right upper lobe of lung (RUL), 483
 Right upper quadrant (RUQ), 47, 149
 Right ventricle, 402, 404f, 405f
 hypertrophy of, 416
 Right visual cerebral cortex, 699, 699f
 Ringworm, 669
 Rinne test, 724
 Risk factors
 for CAD, 419
 for stroke, 369
 Risperdal. *See* Risperidone
 Risperidone, 896t, 935f
 Ritalin. *See* Methylphenidate
 Rituxan. *See* Rituximab
 Rituximab, **817e**
 Rivaroxaban, 890t
 RLL (right lower lobe of lung), 482
 RLQ (right lower quadrant), 47, 152, 277
 RNA (ribonucleic acid), 800, 800f, 820
 RNA viruses, 797
 Rods, 698, 701
 Roentgenology. *See* Radiology
 Roferon. *See* Interferons
 Roloids. *See* Aluminum antacid
 ROM (range of motion), 621
 Root, 5, 142
 hair, 651f, 652f
 of spinal nerve, 353f
 of tooth, 144
 of word, 4
 Root canal, 142
 Rorschach technique, 922, 923f
 Rose Bengal, 822
 Rosiglitazone, 888t
 Rosuvastatin calcium, 893t, **904e**
 Rotation, 613, 614
 Routes of administration, of drugs, 878-879,
 879t
 Roux-en-Y gastric bypass, 197
 Roxicet. *See* Oxycodone with APAP
 Roxicodone. *See* Oxycodone
 RP (retrograde pyelogram), 233
 RPR (rapid plasma reagin), 326
 -rrhage, 189
 -rrhagia, 189
 -rrhaphy, 189
 -rrhea, 109, 189, 272
 Rrhythm/o, 411
 RSV (respiratory syncytial virus), 471

RTIs (reverse transcriptase inhibitors), 559, 562, 563
 RT (radiation therapy), 810-813
 RT (reverse transcriptase), 559
 Rubella, 666
 Rubeola, 666
 Rugae, 140, 145, 145f, 152
 RUL (right upper lobe of lung), 483
 Rule, combining form for, 108
 RUQ (right upper quadrant), 47, 149
 RV (residual volume), 483
 Rx (prescription), 880, 905
 ΨRx (psychotherapy), 942

S

SA node. *See* Sinoatrial node
 SABA short acting beta agonist, 482
 Sac, 8, 72
 combining form for, 818
 fluid-filled, 232
 hydrocele, in scrotum, 320
 lacrimal, 701f
 Saccule, 718, 719
 Sacral, 52
 Sacral curve, 587f
 Sacral division of back, 48
 Sacral nerves, 345f
 Sacral vertebrae, 587f, 587
 Sacro/o, 55
 Sacrum, 55, 587
 SAD (seasonal affective disorder), 927
 Sadism, sexual, 929
 Sagittal (lateral) plane, 52, 53
 Saliva, 142, 152, 158
 Salivary glands, 142, 143f, 152, 157, 806t
 Salivation, 347f
 Salmeterol, 893t
 Salmeterol-fluticasone, 895, **904e**
 Salpingectomy, 271
 Salpingitis, 277
 Salping/o, 271, 720
 Salpingopharyngeal, 720
 -salpinx, 272
 Salts (electrolytes), 753
 Sameness, combining form for, 763, 864
 Sandostatin. *See* Octreotide
 SA node (sinoatrial node), 406, 408, 409, 412
 Sarc/o, 12, 55, 75, 805, 822
 Sarcoidosis, 474
 Sarcoma(s), 12, 820
 connective tissue-derived, 12f, 600, 800-801, 805-806, 805t
 Ewing, 598
 osteogenic, 600
 Sarcopenia, 616
 Saturated fats, 425
 SBFT (small-bowel follow-through), 194f, 848, 861
 Scab, 662
 Scabies, 668, 668f
 Scalp, 354f
 lesion on, 674f
 Scale-like, combining form for, 660
 Scan, 863
 Scanning electron micrographs, of bone, 601f
 Scapula(ae), 289, 598, 591t
 Scapular, 289, 598, 591t
 Scapular asymmetry, 595f
 Scapul/o, 598
 Scattering of x-rays, 845
 SCD (sudden cardiac death), 433
 Schedule, drug administration and, 886, 898
 Schick test, 672
 Schiz/o, 940
 Schizoid, 934
 Schizoid personality disorder, 928, 940
 Schizophrenia, 929, 932t, 938, 945
 Sciatica, 359, 377, 609
 Sciatic nerve, 357
 Sciatica MRI, 609f

SCID (severe combined immunodeficiency disease), 557
 Scintigraphy, 860, 863
 Scirr/o, 822
 Scirrhous tumors, 804, 819
 SCLC (small cell lung cancer), 472
 Sclera, 695, 701, 704
 Scleral buckle, 711, 715
 Scleritis, 704
 Scler/o, 704
 Scleroderma, 668, 669f
 Sclerosis, of sacroiliac joints, 606
 -sclerosis, 80
 Scolio/o, 595
 Scoliosis, 595
 -scope, 14, 81
 -scopy, 14, 81
 Scot/o, 705
 Scotoma, 705
 Scotophobia, 941t
 Scratch test, 674
 Screening, genetic, 798-799, 816
 Scrotal sac, 326f
 Scrotum, 313, 316, 320
 hydrocele in, 320
 SC (subcutaneous), 116, 656, 673
 SC (subcutaneous [hypodermic] injection), 878
 SD (stable disease), 823
 Seasonal affective disorder (SAD), 927
 Sebace/o, 659
 Sebaceous cyst, 661f, 662
 Sebaceous glands, 652, 656, 657
 Seb/o, 660
 Seborrhea, 660
 Seborrheic dermatitis, 660
 Seborrheic keratoses, 670
 Sebum, 652, 656, 657, 660
 Second molar, 141f
 Second premolar, 141f
 Secondary complications of diabetes, 770, 770f
 Secondary hypertension, 233, 422
 Secondary syphilis, 324f
 Secondary tumors, 813
 Second-degree burns, 665
 Secrete, 761
 Secretin, 749t
 Secretion, 8, 109, 219, 763
 in production of urine, 221, 223f
 by sweat glands, 347f
 Sect/o, 12
 Sedative-hypnotics, 894
 dependence on, 931, 932f
 Sedatives, 890, 931, 932f, 935f, 939
 Sediments, in urine, 229
 Sed rate (erythrocyte sedimentation rate), 520, 617
 Seed, combining form for, 317
 Segeline, 929f
 Segmental resection, 465f
 Segs (segmented, mature white blood cells), 525
 Seizure disorders, 364
 Seizure (Sz), 364-367, 371
 in epilepsy, 365
 Selective estrogen receptor modulators (SERMs), 892, 893, 894t
 Selective serotonin reuptake inhibitors (SSRIs), 890, 934, 935f
 Selegiline, 935f
 Self-antigens, 550
 Sella turcica, 583, 593, 755, 761
 Semen, 314, 316, 318, 324
 Semen analysis, 324
 Semicircular canals, 718, 719
 Semicomatose, 358
 Seminal fluid, 316
 Seminal vesicles, 312, 314, 316
 Semin/i, 318
 Seminiferous tubules, 313, 316
 Seminoma, of testis, 319f
 Senile plaques, 363

Sensation(s)
 from body, cerebral area for, 7f
 combining form for, 901
 nervous, suffix for, 359
 Sense organs, 40, 695-746
 ear, 716-718
 external receptors, 344
 eye, 694-698
 stimulation of, 694f
 Sense receptors, 344-345
 Sensitization, in Rh condition, 119
 Sensorineural hearing loss, 722, 724
 Sensory aphasia, 360
 Sensory nerves, 344-346, 346f, 349, 357
 Sentinel lymph node, 860
 Sentinel node biopsy (SNB, SLN), 278, 279f, 288
 Separation, suffix for, 78, 109
 Seps/o, 108
 Septal defects, 416
 Septum(a), 402, 409
 cardiac, 402
 interatrial, 402
 Sequential Multiple Analyzer Computer (SMAC), 525
 SERMs (selective estrogen receptor modulators), 892, 893, 894t
 Seroquel. *See* Quetiapine fumarate
 Serotonin, 349
 Serotonin-norepinephrine reuptake inhibitors (SNRIs), 934, 935f, 942
 Serous otitis media, 723
 Serous otitis media (SOM), 725
 Serous tumors, 802, 817
 Sertraline, 890t, 935f
 Serum, 509, 511, 617, 618, 776
 Serum bilirubin, 193
 Serum calcium (Ca), 617
 Serum creatine kinase (CK), 617
 Serum tests, for endocrine function, 774
 Sesamoid bones, 579
 Sessile polyp, 166f
 Sessile polypoid tumors, 807
 Severe combined immunodeficiency disease (SCID), 557
 Sex hormones, 753, 761, 762
 Sex therapy, 933
 Sexual disorders, 929-930, 932t, 938
 Sexual dysfunctions, 929
 Sexually transmitted diseases (STDs), 277, 290, 319-324
 Sexually transmitted infections (STIs), 322, 326
 Sexual masochism, 929
 Sexual sadism, 929
 Shape, combining form for, 75, 108, 512
 Sheath, combining form for, 359, 901
 Shave biopsy, 672
 Shift to left, 521
 Shin bone, 590, 591t, 598
 Shine, suffix for, 864
 Shingles, 368, 368f
 Shock
 anaphylactic, 884-885
 cardiogenic, 411
 insulin, 769
 Short-acting insulin, 770
 Short bones, 579
 Shortness of breath (SOB), 433, 468, 483
 Shoulder blade, 589, 591t
 Shoulder dislocation, 608
 SIADH (syndrome of inappropriate ADH), 774
 Sialadenectomy, 192
 Sialadenitis, 159
 Sialaden/o, 157, 192
 Sial/o, 158
 Sialolith, 160
 Sick cell anemia, 77, 516
 Side effects, 891
 of drugs, 896
 Sider/o, 513
 Sideropenia, 515

- Sig. (directions; how to take medication), 903
 Sigmoid colon, 46f, 146f, 148, 151f, 154, 157f, 159
 Sigmoid colostomy, 156f
 Sigmoid/o, 157
 Sigmoidoscopy, 198
 Signs
 objective nature of, 113, 159
 prodromal, 115
 Signs and symptoms
 of asthma, 470-471
 of digestive system pathology, 161
 of Meniere disease, 720
 nervous system, 359
 of panic disorder, 919
 produced by excess cortisol, 768
 of renal pathology, 228-229
 of skin disorders, 664-665
 of TB, 475
 urinary, 228
 Sildenafil, 314
 Silic/o, 473
 Silicosis, 472, 475
 Simple fracture, 599, 599f
 Simulation, 812, 820
 Simvastatin ezetimibe, **904e**
 Simvastatin sodium, 893t
 Sine (\bar{s} ; without), 903
 Sinemet. *See* Levodopa plus carbidopa
 Single photon emission computed tomography (SPECT), 860, 863
 Singular. *See* Montelukast
 Sinoatrial node (SA node), 406, 408, 409, 412
 Sinus(es), 581t, 593 *See also* Cavity(ies)
 bone, 581t, 592
 of breast, 261f
 combining form for, 466
 cranial and facial bones, 585f
 paranasal, 458, 459f, 463, 465
 of skull, 585f
 Sinusitis, 467
 Sinus/o, 466
 Sinus rhythm, 429f
 Si opus sit (if it is necessary; s.o.s.), 903
 -sis, 14
 Skeletal muscles, 558f
 normal and malignant cells, 794f
 Skin
 abbreviations, 674
 abnormal conditions of, 665-669
 accessory structures of, 654-657
 anatomy of, 652-654
 basal cell carcinoma, 804t
 bluish discoloration of, 411
 as body system, 39
 carcinomas, 804t
 clinical procedures, 673-674
 combining form for, 9, 108, 658, 901
 cutaneous lesions, 662
 endocrine tissue in, 749t
 laboratory tests, 673
 layers of, 653f
 lesions, 678
 neoplasms, 670-672
 pathology
 candidiasis, 673
 cellulitis, 673
 mycosis fungoides, 673
 pronunciation of terms for, 688-691
 signs and symptoms, 664-665
 suffixes for, 690
 vocabulary, 657
 Skin biopsy, 672
 Skin tests, 674
 PPD, 475
 Skull, 54, 585f
 combining form for, 54, 597
 Sleep, 108t
 combining form for, 108, 360, 901, 939
 Sleep apnea, 468
 SLE (systemic lupus erythematosus), 610, 668, 669f
 Sliding, suffix for, 109
 Slipped disc, 609, 609f
 Slipping, suffix for, 596
 Slit lamp eye examination, 712, 713f
 Slit lamp microscopy, 712, 713
 SLN (sentinel lymph node biopsy), 288
 SL (sublingual), 903
 Slow, prefix for, 111
 SMAC (Sequential Multiple Analyzer Computer), 525
 Small-bowel follow-through (SBFT), 194, 852
 Small cell lung cancer (SCLC), 472
 Small intestine, 9, 43f, 147-148, 157
 x-ray images of, 194
 Smell, suffix for, 467
 Smooth muscle, 612, 614
 SNB (sentinel node biopsy), 278
 Snellen chart, 713
 SNRIs (serotonin-norepinephrine reuptake inhibitors), 934, 935f, 942
 SOB (shortness of breath), 433, 468, 483
 Social anxiety disorder, 925
 Social phobia, 925
 Social psychology, 922, 938
 Sodium (Na^+), 216, 222, 753, 763
 combining form for, 226, 763
 Soft palate, 140
 -sol, 894
 Sole of foot, 616
 Soleus, 612f
 Solid tumors, 818
 Somat/o, 762, 930, 940
 Somatoform disorders, 930, 932t, 938, 940, 944
 Somatostatin, 893
 Somatotropin (STH), 756, 760
 -somes, 54, 57t
 Somn/o, 108
 SOM (serous otitis media), 725
 Sonata. *See* Zaleplon
 Son/o, 108, 864
 Sonograms, 122, 854
 Sonographer, 848
 Sorafenib, 813
 s.o.s. (if it is necessary; si opus sit), 903
 Sotalol, 891t
 Sound vibration pathway, 718f
 Sound wave, ultrasound and, 196
 -spadias, 322
 Spasm, 190
 -spasm, 189
 Specialist, suffix for, 13, 82
 Specific gravity (sp gr), 229
 of urine, 229
 Spectazole. *See* Econazole topical
 SPECT (single photon emission computed tomography), 860, 863
 Speculum, 282
 vaginal, 87f
 Spelling, problems in, 2
 Spermat/cord, twisting of, 320f
 Spermat/o, 318
 Spermat/cord, 320
 Spermatogenesis, 313
 Spermatozoa(oa), 312, 312f, 316, 318
 Sperm cell, 35f, 258, 312, 312f
 Sperm/o, 318
 Spermatolytic, 318
 sp gr (specific gravity), 239
 Sphen/o, 583
 Sphenoidal sinus, 585f
 Sphenoid bone, 583, 583f, 585t
 Spher/o, 513
 Spherocytosis, 513, 516
 hereditary, 518, 518f
 Sphincter, 152
 bladder, 345f
 of stomach, 147
 Sphincter of Oddi, 147f
 Sphygm/o, 411
 Sphygmomanometer, 406-407, 407f, 409
 -sphyxia, 468
 Spina bifida, 363
 Spina bifida cystica, 363
 Spina bifida occulta, 363, 363f
 Spinal, 52
 Spinal anesthesia, 361f
 Spinal block, 361f
 Spinal canal, 605f
 Spinal cavity, 41f, 42
 Spinal column, 48, 49, 345f, 586-587
 divisions of, 48-49
 Spinal cord, 49, 75, 344, 345, 353, 353f, 359, 853
 combining form for, 75, 359
 in neural canal, 586f
 Spinal nerves, 344-347
 Spinal stenosis, 586f, 605
 Spinal tap, 373
 Spine, 55, 586f
 Spin/o, 55
 Spinous process, 586
 Spiriva. *See* Tiotropium bromide
 Spir/o, 466
 Spirochete, 324
 Spirometer, 478
 Spironolactone, 417, 891t
 Spitting, -ptysis suffix, 189, 468
 Spleen, 86, 550-551, 555, 557, 831
 functions of, 550
 resection, 826
 Splenectomy, 550
 Splenic artery, 401f
 Splenic flexure, 192
 Splen/o, 75, 192, 557
 Splenomegaly, 86-87
 Spondyl/o, 596
 Spondylolisthesis, 596
 Spondylosis, 596
 Spongy bone, 580f, 581, 593
 Sporanox. *See* Itraconazole
 Sprain, 610
 Sprycel. *See* Dasatinib
 Sputum, 469
 purulent, 469
 SQ (subcutaneous), 903
 Squam/o, 660
 Squamous cell carcinoma, 672, 804t
 Squamous epithelium, 652, 657, 660, 672
 SSCP (substernal chest pain), 433
 \bar{s} (sine; without), 903
 SSRIs (selective serotonin reuptake inhibitors), 890, 935f
 ST elevation myocardial infarction, 419f
 ST segment, 407f
 Stable disease (SD), 823
 Staging
 of Hodgkin disease, 561f
 of tumors, 808
 -stalsis, 154
 Standards, drug, 883
 Stanford-Binet Intelligence Scale, 922
 Stapedectomy, 721, 721f
 Staped/o, 721
 Stapes, 716, 718f, 719, 718f
 Staphyl/o, 75
 Staphylococcal infection, 710
 Staphylococcus, 85f
Staphylococcus aureus, 84
 Staphylococci, 74, 81, 82f
 Starch, combining form for, 157
 Stasis, 190
 -stasis, 81, 109, 189, 514
 -state, 14
 -static, 892t
 Statins, 410, 424, 425, 890, 891t
 STDs (sexually transmitted diseases), 277, 290, 319-324
 Steat/o, 158, 192, 661
 Steatoma, 661

Steatorrhea, 158, 161
 Stelazine. *See* Trifluoperazine
 ST elevation myocardial infarction (STEMI), 419f
 Stem cells, 511, 522, 524f, 527-528, 824, 828
 hematopoietic, 504f, 505, 525f
 Stem cell transplantation, 522, 524f, 528, 824
 PSCt, 823
 STEMI (ST elevation myocardial infarction), 419f
 Stenosis, 189, 190
 aortic, 410
 meatal, 223
 mitral, 421
 pulmonary artery, 415, 415f
 pyloric, 189
 spinal, 586f, 605
 tracheal, 467
 -stenosis, 189
 Stents, 431, 431f, 822
 coronary angiograms before and after
 stenting, 848, 849f
 drug-eluting, 431, 431f
 Stereotactic core needle biopsy, 278, 291
 Stereotactic frame, 373f
 Stereotactic radiosurgery, 373
 Stereotactic photon unit, 373f
 Sterilization, 316, 324
 Sternal, 598
 Stern/o, 598
 Sternocleidomastoid, 612f
 Sternum, 589, 591t, 598
 Ster/o, 764
 Steroids, 764, 895, 906
 anabolic, 328, 899t
 chronic use of, 769
 inhalers, 889t
 intravenous or oral, 889t
 Steth/o, 411
 Stethoscope, 407f
 -sthenia, 362
 STH (somatotropin), 756, 760
 Stimulants, 896, 900, 935f, 936
 Stimulus(i), 281, 348, 357
 STIs (sexually transmitted infections), 322, 326
 Stirrup, 719
 -stital, 557
 Stoma, ileostomy, 81, 154, 154f
 Stomach, 4, 9, 5, 145, 145f, 152, 156, 162, 163,
 804t, 807f
 combining form for, 9, 156
 malignant tumor of, 162
 in relation to pancreas, 754
 root for, 4
 root plus combining vowel for, 5
 surgical procedures of, 197
 x-ray images of, 194
 Stomach tube, 200
 Stomatitis, 161, 161f, 162
 Stomat/o, 157, 192
 -stomy, 81, 319
 Stone
 combining form for, 226
 kidney, 229
 in ureter, 224f
 urinary tract, 235
 Stool culture, 193, 193f
 Stool guaiac test, 193, 193f
 Stools, 148-149, 161
 meconium, 281
 Strabismus, 711, 711f
 Strain, 610
 Stratified, 655
 Stratified squamous epithelium, 652
 Stratum(a), 657
 Stratum corneum, 653, 657
 Strength, 362, 616
 Strept/o, 75
 Streptococcus, 84, 85f
 Streptokinase, 432
 Stress incontinence, 227
 Stress test, 429

Stretch marks, 652
 Striae, 652
 Striated muscle, 611, 612, 614, 616
 Striations, 611f
 Stricture, 189
 Stridor, 469
 Stroke, 369
 defined, 8f, 369
 types of, 369f
 Stroma, 313, 316, 349
 Stromal tissue, 316
 ST segment, 407f
 Stupor, combining form for, 901
 Sty, 710
 Styl/o, 583
 Styloid process, 583, 593
 Sub-, 15, 116
 Subarachnoid space, 354
 Subcostal, 597
 Subcutaneous (hypodermic) injection (SC), 878
 Subcutaneous layer, 654, 657
 Subcutaneous (SC, SQ), 654,
 Subdural hematoma, 358, 358f
 Subdural space, 354
 Subhepatic, 14
 Sublingual administration, 882, 883t, 898
 Sublingual gland, 142
 Sublingual (SL), 158, 192, 895, 903
 Subluxation, 608
 Submandibular, 158
 Submandibular gland, 142
 Submucosal leiomyoma, 276f
 Subserosal mass, 276f
 Substance-related disorders, 765, 930-931, 932t,
 938
 Substernal chest pain (SSCP), 433
 Subungual, 660
 Sudden cardiac death (SCD), 433
 Sufficient quantity (q.s., qs; quantum satis), 903
 Suffixes, 73-106
 adjective, 79
 in basic word structure, 4
 for blood system, 515-516
 for bones, 596
 for cardiovascular system, 455
 in combination with prefixes, 109
 combining forms and, 72
 complex, 8-9
 for digestive system, 160, 188-190
 for ear, 719
 for endocrine system, 765
 for eye, 704
 for female reproductive system, 272
 for joints, 605
 for male reproductive system, 319
 for muscles, 615
 for nervous system, 359
 noun, 76
 for oncology, 820
 for psychiatry, 940-941
 for radiology and nuclear medicine, 860
 in relation to body as a whole, 56
 for respiratory system, 468
 for skin, 690-691
 Sugar, 10, 108, 158, 753, 763
 Sulcus(i), 350, 357
 in AD, 363f
 Sulfa drugs, 889t
 Sulfamethoxazole with trimethoprim, 889t
 Sulfisoxazole, 889t
 Sulfonamides, 889t
 Sulfonyleureas, 778, 891
 Sumatriptan succinate, 370
 Sun-damaged skin, 671
 Sunitinib, 813
 Superego, 924, 938
 Superficial (positional term), 50, 53
 Superior (positional term), 50, 53
 Superior vena cava, 402, 404f, 405f, 413f
 Supination, 614

Supine (positional term), 50, 53, 858
 Supportive psychotherapy, 933, 939
 -suppression, 823
 Suppressor genes, 802
 Suppressor T cells, 552
 Suppurative otitis media, 723
 Supra-, 116
 Supraclavicular, 597
 Suprapubic, 116
 Suprarenal glands, 751f
 Supraventricular tachycardia (SVT), 410, 433
 Surfactant, neonatal respiratory distress
 syndrome and, 281
 Surgical procedures, 89, 125. *See also* Clinical
 procedures
 in cancer treatment, 810, 820
 minimally invasive, 87, 156
 in relation to body as a whole, 56
 Sustiva. *See* Efavirenz
 Sudent. *See* Sunitinib
 Suture joints, 602, 603
 Sutures
 cranial bones, 593
 -rhaphy suffix, 189
 SVT (supraventricular tachycardia), 410, 433
 Swallow, 143, 188, 513, 514
 Swallowing, 145f
 difficulty in, 161
 -phagia suffix, 188, 514
 Swayback, 594
 Sweat, 652, 656
 Sweat glands, 652, 656, 656t, 657
 Sweating, 658
 Sym-, 117
 Symbicort. *See* Formoterol plus budesonide
 Symbiosis, 117
 Symmetry, 117
 Sympathetic nerves, 346, 346f, 357
 Sympathomimetic agents, 753, 761
 Symphysis, 117, 117f
 Symptoms
 clinical, psychiatric, 917
 prodromal, 115
 signs and. *See* Signs and symptoms
 subjective nature of, 113, 160
 Syn-, 117, 900
 Synapse, 349, 357
 Syncopal, 362
 Syncope, 362
 Syncope/o, 362
 Syndactyly, 117, 117f
 Syndrome, 121
 Syndrome of inappropriate ADH (SIADH), 774
 Synergism, 886, 898
 Synergistic, 886
 Synovial cavity, 603
 Synovial fluid, 602, 603, 618
 Synovial joints, 602, 602f, 603
 Synovial membrane, 602, 603, 605, 606
 Synovitis, 605
 Synov/o, 605
 Synthesis, 117
 Synthroid. *See* Levothyroxine
 Syphilis, 277, 324, 324f
 Syringe, 898
 Systemic anaphylaxis, 560
 Systemic circulation, 400f, 401, 409
 Systemic lupus erythematosus (SLE), 610, 668,
 669f
 Systems, 39
 Systole, 405, 405f, 409
 Systolic CHF, 417
 Systolic pressure, 407
 Sz (seizure), 360, 364-367, 371,

T

T₃. *See* Triiodothyronine (T₃)
 T₄. *See* Thyroxine (T₄)
 T cell (lymphocyte), 549, 550, 551, 552, 552f,
 555, 557

- T wave, 407f
 Tablet (tab), 885f
 Tab (tablet), 885f
 Tachy-, 118
 Tachycardia, 15, 410, 429f
 Tachypnea, 468
 Tadalafil, 314
 Tagamet. *See* Cimetidine
 Tagging, 863
 TAH-BSO (total abdominal hysterectomy with bilateral salpingo-oophorectomy), 269
 TAH (total abdominal hysterectomy), 269
 Tailbone, 48, 591t
 Talipes, 602
 Talus, 590f, 591
 Tamoxifen, 279, 815t, 816, 891t, 894t
 Tamponade, cardiac, 420, 424
 Tamsulosin, **904e**
 Tapazole. *See* Methimazole
 Tarceva. *See* Erlotinib
 Tardive dyskinesia (TD), 934
 Target cells, 518f
 Target tissue, 748, 761
 Tarsal bone, 590, 591t, 598
 Tarsectomy, 598
 Tars/o, 598
 Tartar, 163
 Taste buds, oral cavity and, 140
 TAT (Thematic Apperception Test), 922, 923f
 TAVR (transcatheter aortic valve replacement), 433
 Tax/o, 362
 Taxol. *See* Paclitaxel
 Taxotere. *See* Docetaxel
 TBI (traumatic brain injury), 369
 TB (tuberculosis), 474, 558t
 TCAs (tricyclic antidepressants), 890, 934, 935f, 939
 T8 cell (cytotoxic T cell), 563
 T4 cell (helper T cell), 552, 554, 557
 T cell lymphoma, cutaneous, 673
 T cells (T lymphocytes), 549, 552, 552f, 555
 Tc (technetium), 427, 861
 TD (tardive dyskinesia), 934
 Tear duct, 703
 Tears, 703
 Technetium (Tc) 99m, 427, 858, 861
 bone scan, 619f
 in liver and spleen scans, 822
 sestamibi scan, 427, 856
 Teeth, 141f, 142, 150, 151, 155, 156, 162f
 anatomy of, 142, 142f
 pathologic conditions of, 161-162
 TEE (transesophageal echocardiography), 427
 Tegretol. *See* Carbamazepine
 Tele-, 823
 Telemetry, 428
 Teletherapy, 811, 823
 Tel/o, 467
 Temazepam, 894t, 931, 935f
 Temodar. *See* Temozolomide
 Temozolomide, 815t
 Temperature, of tympanic membrane, 724
 Temporal bone, 583, 583f, 585t, 598,
 Temporalis, 612f
 Temporal lobe, 350f
 Temporal lobe epilepsy (TLE), 365, 374
 Temporomandibular joint (TMJ), 583, 593
 Tenaculum, 87f
 Tendinitis, 605
 Tendin/o, 605
 Tendons, 578, 593, 602, 603, 605, 608
 Ten/o, 605
 Tenormin. *See* Atenolol
 Tenorrhaphy, 605
 Tenosynovitis, 605
 TENS (transcutaneous electrical nerve stimulation), 374
 Terat/o, 318
 Teratoma, 277, 318, 319, 806t
 Terbinafine, 887t
 Ter in die (t.i.d., tid; three times a day), 903
 Terminal bronchiole, 459f, 460
 Terminal end fibers, 349
 Tertiary syphilis, 324
 Teriparatide, 889t, 892t
 Testicles, 258, 312, 313, 314f, 316, 318, 319, 320,
 325, 748, 758-759, 758t, 759f, 762, 804t,
 806t, 815t,
 combining form for, 318, 762
 undescended, 320
 Testicular, 318
 Testicular cancer, 319
 Testicular torsion, 320
 Testis(es), 258, 312, 313, 314f, 316, 318, 319,
 320, 325, 748, 758-759, 758t, 759f, 762,
 804f, 806t, 815t,
 combining form for, 318, 762
 function of, 758
 hormones produced by, 758t
 internal structure of, 314f
 location and structure of, 758
 teratoma, 802t
 tumors of, 319
 Test/o, 318
 Testosterone, 312, 313, 316, 753, 758, 760
 Tests, psychological, 916-917
 Tetany, 768
 Tetra-, 765
 Tetracyclic antidepressants, 934
 Tetracyclines, 887t
 Delta-9-tetrahydrocannabinol (THC), 931, 942
 Tetraiodothyronine (T4), 750
 Tetralogy of Fallot, 416, 416f
 TEVAR (thoracic endovascular aneurysm repair)
 421f, 433TFT (thyroid function test), 776
 TGA (transposition of great arteries), 417
 Thalamic, 359
 Thalam/o, 359
 Thalamus, 351, 352f, 357, 359, 699, 699f, 700f,
 701
 Thalassemia, 517
 Thalidomide, 520, **817e**
 Thallium-201 (²⁰¹Tl) scan, 427, 861
 Thalomid. *See* Thalidomide
 Thanatophobia, 941t
 THC (delta-9-tetrahydrocannabinol), 942
 Thec/o, 359, 899
 Thel/o, 56, 108
 Thematic Apperception Test (TAT), 922, 923f
 The/o, 108
 Theo-Dar. *See* Theophylline
 Theophylline, 895t, 901
 Therapeutic, 860
 Therapeutic modalities in psychiatry
 drug therapy, 934-936
 electroconvulsive therapy, 934
 psychotherapy, 933
 Therapeut/o, 864
 -therapy, 81, 823
 Thermotherapy, transurethral microwave, 326
 Thiamine, 900t
 Thiazolidinediones, 891
 Thigh bone, 580, 582f, 591t, 592, 597
 Thiopental, 887t
 Thioridazine, 896t
 Thiothixene, 935f
 Third molar, 141f
 Third-degree burns, 665
 Thoracentesis, 479, 479f
 Thoracic, 53, 467
 Thoracic adolescent scoliosis, 595f
 Thoracic cavity, 41, 41f, 43f, 44f
 Thoracic curve, 587f
 Thoracic division of back, 46
 Thoracic duct, 549, 555
 Thoracic endovascular aneurysm repair (TEVAR),
 421f, 433Thoracic nerves, 345f
 Thoracic vertebrae (T1 to T12), 587, 587f, 621
 Thorac/o, 56, 75, 467
 Thoracoscopy, 480
 Thoracostomy, 480, 481f
 Thoracotomy, 480
 Thorascopy, 481
 Thorax, bones of, 588-589
 -thorax, 468
 Thorazine. *See* Chlorpromazine
 Thought disorder, 929
 Thought processes, cerebral area for, 7f
 Three times a day (ter in die; t.i.d., tid), 903
 Thrill, 424
 Throat, 143-144, 157, 465
 Thrombin, 511
 Thromb/o, 12, 75, 411, 513
 Thrombocytes, 9f, 12, 85, 502, 506, 511
 Thrombocytopenia, 76, 515
 Thrombolysis, 412
 Thrombolytic therapy, 432, 514
 Thrombophlebitis, 411, 423f
 Thrombosis, 11, 516
 Thrombotic occlusion, 418
 Thrombotic stroke, 369, 369f
 Thrombus, 369, 419f, 422
 THR (total hip replacement), 618, 621
 Thymectomy, 366, 371
 -thymia, 941
 Thym/o, 557, 927
 Thymoma, 561, 829
 Thymosin, 748, 749t
 Thymus gland, 549, 550-551, 550f, 555, 557, 561,
 748
 Thyr/o, 108, 762
 Thyroid cartilage, 750
 Thyroid function test (TFT), 776
 Thyroid gland, 750-751, 751f, 759, 767, 804t
 abnormal conditions of, 775t
 combining form for, 108, 762
 function of, 750-751
 hormones produced by, 758t
 hypersecretion, 766
 hyposecretion, 767
 location and structure of, 750-751
 medullary carcinoma, 806f
 neoplasms, 767
 papillary carcinoma of, 808f
 Thyroid hormone, 893, 894t, 900
 Thyroiditis, 762
 Thyroid/o, 762
 Thyroid ISP, 778, 894t
 Thyroid scan, 776, 857, 857f
 Thyroid-stimulating hormone (TSH), 756, 757f,
 760
 Thyrotoxicosis, 764, 766
 Thyrotropic hormone, 762
 Thyrotropin, 756, 760
 Thyroxine (T₄), 15, 750, 761, 776
 TIAs (transient ischemic attacks), 369, 371
 Tibia, 590, 591t, 598
 Tibial, 598
 Tibi/o, 598
 -tic, 83
 Tics, 367, 371
 t.i.d., tid (three times a day; ter in die), 903
 Tidal volume (V_T), 483
 Ticagrelor, 419, 890t
 Tightening, suffix for, 189
 Tine test, 480
 Tinea barbae, 669
 Tinea capitis, 669
 Tinea corporis, 669
 Tinea pedis, 661f, 669
 Tinea unguium, 669
 Tine test, 480
 Tinnitus, 723
 Tiotropium bromide, 893t
 Tissue capillaries, 401
 Tissue plasminogen activator (tPA), 370, 432, 890t
 Tissue(s)
 blood-forming, tumors of, 805t
 of breast, 261f

Tissue(s) (*Continued*)

cartilaginous, 579, 592
 combining form for, 54, 901
 connective, 38
 endocrine, 749t
 endometrial, outside uterus, 275
 epithelial, 38, 39f
 fibrous connective, 614
 mesenchymal, 805
 muscle, 38, 39f
 nerve, 38, 39f
 normal lung, 472f
 osseous, 578, 593
 stromal, 312-313
 target, 748, 761
 TKR (total knee replacement), 618
 TLC (total lung capacity), 478
 TLE (temporal lobe epilepsy), 365, 374
 T lymphocytes (T cells), 549, 550, 551, 552f, 553f, 554, 555, 557
 TMJ (temporomandibular joint), 583, 593
 TNM (tumor, nodes, metastases), 805, 823
 staging system for NSCLC, 805t
 -tobia, 272
 Toc/o, 764
 Toes, 108, 607
 phalanges of, 590
 syndactyly, 117
 Tofranil. *See* Imipramine
 Tolerance, 550, 555, 884, 898, 930
 drug, 884, 898
 -tome, 596
 Tom/o, 196, 860
 Tomograms, chest, 476
 Tomography, 195
 Tomosynthesis, digital, 283
 -tomy, 14, 81
 Tongue, 108, 156, 140, 901
 Tonic-clonic seizures, 365, 371
 Ton/o, 711, 936
 Tonometry, 709, 713
 Tonsillar, 79
 Tonsillectomy, 467
 Tonsillitis, 78, 78f
 Tonsill/o, 75, 467
 Tonsils, 78, 88f, 141, 458, 462, 467, 549, 548f, 551, 555,
 combining form for, 467
 palatine, 462
 pharyngeal, 458
 Tooth decay, 162
 Topamax. *See* Topiramate
 Topical application, 885, 885t, 898
 Topiramate, 935f
 Top/o, 108
 Toprol XL. *See* Metoprolol succinate
 Toradol. *See* Ketorolac
 Torsion, testicular, 320
 Total abdominal hysterectomy (TAH), 269
 Total abdominal hysterectomy with bilateral
 salpingo-oophorectomy (TAH-BSO), 271, 288
 Total hip arthroplasty, 617f
 Total hip replacement (THR), 618
 Total hysterectomy, 269f
 Total knee replacement (TKR), 618, 625-626, 625f
 Total lung capacity (TLC), 478
 Total parenteral nutrition (TPN), 200
 Tourette syndrome, 367
 Toxic, 557, 895
 Toxic delirium, 927t
 Toxicity, 898
 drug, 880-881
 Toxic/o, 764, 902
 Toxicology, 882, 898
 Toxins, 551
 Tox/o, 108, 557, 902
 Toxoplasmosis (Toxo), 558t
 TP53, 798, 799t

tPA (tissue plasminogen activator), 370, 432, 890t
 TPN (total parenteral nutrition), 200
 Trabeculae, 581, 593
 Trabecular bone, 580f, 581
 Trabecular meshwork, 709f
 Trabeculoplasty, 709
 Tracer studies, 859, 863
 Trachea, 40, 56, 108, 460, 463, 467, 750
 Tracheal, 56
 Tracheal stenosis, 467
 Trache/o, 75, 108, 467
 Tracheoesophageal fistula, 190
 Tracheostomy, 480, 480f
 Tracheotomy, 88, 480
 Tramadol, 887t
 TRAM (trans-rectus abdominis
 musculocutaneous flap), 288
 Trance, 933
 Tranquilizers, 894, 898
 Trans-, 15, 118
 Transbronchial biopsy, 478
 Transcatheter aortic valve replacement (TAVR), 433
 Transcutaneous electrical nerve stimulation
 (TENS), 374
 Transdermal patches, 885
 Transducer, 863
 in ultrasonography, 854, 863
 Transesophageal echocardiography, 427
 Transesophageal echocardiography (TEE), 427, 433
 Transference, 933, 939
 Transfusion, 118
 of blood cells, 508
 Transhepatic, 15
 Transient ischemic attacks (TIAs), 369, 371
 Translocation, 801, 802
 chromosomal, 802f
 Transplantation
 bone marrow, 824
 corneal, 714
 heart, 431
 hematopoietic stem cells, 524, 525f
 kidney, 236f
 stem cell, 824
 Transport, 898
 Transposition of great arteries (TGA), 417
 Transrectal ultrasound (TRUS), 321, 326
 Trans-rectus abdominis musculocutaneous flap
 (TRAM), 288
 Transurethral, 118
 Transurethral incision of prostate (TUIP), 326
 Transurethral microwave thermotherapy
 (TUMT), 326
 Transurethral needle ablation (TUNA), 326
 Transurethral resection of prostate gland
 (TURP), 122, 122f, 321, 325, 325f, 327
 Transvaginal ultrasound, 283
 Transverse carpal ligament, 608f
 Transverse colon, 146f, 148, 151f, 157f, 192
 Transverse (cross-sectional or axial) plane, 52, 52f
 Transverse plane, definition of, 52, 53
 Transverse process, 586, 589f
 Transvestic fetishism, 929
 Tranlycypromine, 935f
 Trapezius, 612f
 Trastuzumab, **817e**
 Traumatic brain injury (TBI), 369
 Traumatic disorders, of nervous system, 367
 Trazodone, 892t, 935f
 Tregs (regulatory T cells), 555
 -tresia, 190
 Tretinoin, 665
 Tri-, 765
 Triamcinolone, 894t, 895t
 Triamterene, 893t
 Triazolam, 896t, 935f
 Triceps brachii, 612f

Trich/o, 661
 Trichomycosis, 660
 Trichopathophobia, 941t
 Trichophobia, 941t
 Tricor. *See* Fenofibrate
 Tricuspid valve, 402, 405, 405f, 409
 Tricyclic antidepressants (TCAs), 890, 934, 935f, 939
 Trifluoperazine, 896t
 Trigeminal nerve (CN V), 346f, 360
 Trigeminal neuralgia, 360
 Triglycerides, 140, 153, 425
 Trigone, 216, 222, 225
 Trigonitis, 225
 Trigon/o, 225
 Triiodothyronine (T₃), 750, 761, 776
 Trimox. *See* Amoxicillin; Amoxicillin trihydrate
 -tripsy, 227
 Triple negative tumors, 279f
 Trisenox. *See* Arsenic trioxide
 Trisomy 21, 281
 Trocars, 170f
 Trochanter, 581t, 582t, 582f, 592
 -trophy, 82, 109
 -tropia, 706
 -tropic, 763
 -tropin, 765
 Troponin, 425, 433
 TRUS (transrectal ultrasound), 321, 326
 TSH (thyroid-stimulating hormone), 756, 757f, 760
 T-spine (thoracic spine), 861
 T tube (tube placed in bile duct for drainage), 200
 Tubal ligation, 87f, 286
 Tubal pregnancy, 112f, 121f, 280
 Tubercle (tuberosity), 581t, 592
 Tuberculin test, 480
 Tuberculosis (TB), 474, 558t
 Tuberosity (tubercle), 581t, 592
 Tube thoracostomy, 481, 481f
 TUIP (transurethral incision of prostate), 326
 Tumor, nodes, metastases (TNM), 805, 823
 Tumor markers, 320
 Tumor-node-metastasis staging system, 809
 Tumor(s). *See also* Neoplasms
 benign, 798, 799f, 818
 characteristics of, 798-799
 comparison with malignant tumors, 795f
 in uterus, 276
 brain, 368
 cancerous, 803-806
 characteristics of, 798-799
 combining form for, 11, 822
 Grades I through IV, 808
 malignant, 798. *See also* Cancer; Carcinoma
 characteristics of, 798-799
 connective tissue-derived, 801t
 mesothelioma, 475
 mixed-tissue, 806, 819
 prostate gland, 321
 suffix for, 13, 79, 823
 testicular, 319
 Wilms, 231
 Tumor necrosis factor, 888
 TUMT (transurethral microwave thermotherapy), 326
 TUNA (transurethral needle ablation), 326
 Tuning fork test, 724
 TURP (transurethral resection of prostate gland), 122, 122f, 321, 325
 T wave, 406, 407f, 429f
 Twins, 312, 315, 315f, 316
 Two times a day (bis in die; b.i.d., bid), 903
 Tylenol. *See* Acetaminophen (APAP)
 Tympanic membrane, 716, 718, 719, 720, 721, 722f, 724
 Tympan/o, 721
 Tympanoplasty, 721
 -type, 54, 57t

Type 1.5 diabetes, 775
 Type 1 diabetes (IDDM), 10, 770, 771t
 Type 2 diabetes (NIDDM), 10, 771, 771t
 Type O universal blood donor, 510
 Tyrosine kinases, bcr-abl, 813

U

UA (unstable angina), 419, 419f, 424, 433
 UA (urinalysis), 228-229, 239
 UAE (uterine artery embolization), 276, 288
 UGI (upper GI series), 852
 Ulcerating tumors, 803
 Ulcerative colitis, 166
 Ulcers
 decubitus, 662
 of mouth, 162
 peptic, 163
 of stomach, 803f
 -ule, 82
 Ulna, 589, 591t, 598
 Ulnar, 597
 Uln/o, 598
 Ultra-, 118, 865
 Ultrafast CT, 426
 Ultram. *See* Tramadol
 Ultrasonography, 122, 122f, 196, 233, 372, 426-427, 854, 856, 863
 abdominal, 196
 endoscopic, 197
 pelvic, 284
 of urinary tract structures, 233
 Ultrasound imaging, 196, 233, 284, 322, 372, 426, 477, 776, 854-856, 855f, 857f
 of breast, 283
 of cardiovascular system, 426
 characteristics of, 850-851
 of endocrine organs, 774
 of fetus, 855f
 in studies of brain, 372
 -um, 82
 Umbilical, 46
 Umbilical cord, 263f, 265f
 Umbilical region, 46
 Umbilic/o, 56
 Umbilicus, 56
 Undescended testicles, 320
 Undifferentiated cancerous cells, 794-795, 804
 Ungu/o, 661
 Uni-, 118
 Unilateral, 118
 Unipen. *See* Nafcillin
 United States Pharmacopeia (USP), 883, 898
 Universal blood donor, type O, 508
 Unstable angina (UA), 419, 419f, 424, 433
 Upper gastrointestinal tract (GI), pathologic conditions of, 164
 Upper GI series (UGI), 852
 Upper respiratory disorders, 470
 Upper respiratory infection (URI), 483
 Uptake, 859, 863
 Upper Gastrointestinal series, 194
 Urea, 216, 219, 222, 227, 232
 Uremia, 227, 247
 Ureter, 3, 3f, 39, 216, 220f, 222, 225
 Ureter/o, 225
 Ureteroileostomy, 225
 Ureteroneocystostomy, 236f
 Ureteroplasty, 225
 Ureters, 3f, 39, 44f, 110f, 217, 218f, 225, 225f, 232, 233, 313f, 752f
 Urethra, 3, 3f, 39, 108, 217, 221, 222, 233, 314, 322, 325
 Urethral stricture, 225
 Urethritis, 225
 Urethr/o, 108, 225
 Urethroplasty, 225
 Urgency incontinence, 227
 -uria, 227, 765
 Uric acid, 216, 219, 222
 in gouty arthritis, 606

Uric acid test, 618
 Urinalysis (UA), 228-229, 239
 Urinary bladder, 8, 216, 222, 223, 226, 231, 233
 Urinary bladder sphincter, 347f
 Urinary catheterization, 236
 Urinary incontinence, 227
 Urinary meatus, 217
 Urinary microalbumin assay, 776
 Urinary retention, 227
 Urinary system, 215-255
 abbreviations for, 237
 anatomy of major organs of, 217
 clinical procedures, 232-236
 female, 218f
 laboratory tests, 233-236
 male, 217f
 organs of, 39, 216-217
 pathologic terminology, 229-231, 238
 physiology of urine production, 218-220
 pronunciation of terms for, 249-252
 terminology for, 223-227
 urinalysis, 230-231
 various procedures involving, 235
 vocabulary for, 221-222
 Urinary tract, 3f, 12, 233, 234, 854
 Urinary tract infection (UTI), 226
 Urination, 217, 222, 227
 Urine
 combining form for, 12, 227, 764
 formation and expulsion of, 219f, 220f
 production by kidneys, 218
 Urine tests, for endocrine function, 776
 Urin/o, 227
 URI (upper respiratory infection), 483
 Ur/o, 12, 227, 764
 Urography, 232, 854
 Urologist, 24
 Urology, 12
 Urticaria (hives), 670, 670f
 -us, 83
 US (ultrasonography), 859, 861
 U/S (ultrasonography), 859, 861
 USP (United States Pharmacopeia), 883, 898
 Uterine artery embolization (UAE), 276
 Uterine dilator, 285f
 Uterine prolapse, 115f, 271
 Uterine serosa, 260, 268
 Uterine sound, 285f
 Uter/o, 271
 Utero-ovarian ligament, 260f
 Uterus, 40, 115f, 258-260, 262f, 264f, 269, 269f, 270, 271, 274, 268, 276, 283, 285, 285f, 804t
 changes during pregnancy, 264f
 combining form for, 269, 270, 271
 involution of, 273
 pathology of, 274
 UTI (urinary tract infection), 226
 Utricle, 718, 719
 Uvea, 695, 705
 Uveitis, 703
 Uve/o, 705
 Uvula, 140, 153, 157
 Uvulectomy, 159
 Uvul/o, 157

V

Vaccination, 551, 555
 Vaccine, 118, 553, 555
 DPT, 470
 HPV, 274
 to prevent shingles, 368
 Vagal, 359
 Vagina, 259, 260, 268, 271, 804t
 combining form for, 268, 271
 Vaginal hysterectomy (VH), 269
 Vaginal orifice, 271
 Vaginitis, 271
 Vagin/o, 271
 Vag/o, 359
 Vagus nerve (CN X), 344, 357, 359

Valdecocib, 885t
 Valium. *See* Diazepam
 Valproate, 935f
 Valproic acid, 890t
 Valsartan, 893t, **904e**
 Valsartan-HCTZ, 904.e1
 Valve(s), 398, 402, 405f, 409, 412, 432, 409
 combining form for, 412
 porcine xenograft, 420f
 in veins, 399
 Valv/o, 412
 Valvulitis, acute rheumatic mitral, 412, 420f
 Valvul/o, 412
 Valvuloplasty, 412
 Vardenafil, 314
 Varicella, 663f, 667
 Varices, esophageal, 162, 163f
 Varic/o, 318
 Varicocele, 318, 320, 320f
 Varicose veins, 423, 423f
 combining form for, 318
 esophageal, 164f
 rectal, 167
 Vas deferens, 314, 316, 318, 326
 Vascular, 412
 Vascular disorders, of nervous system, 369
 Vascular endothelial growth factor (VEGF), 816
 Vascul/o, 412
 Vas deferens, 313f, 314f, 316, 318, 326f
 Vasectomy, 314, 318, 326, 326f
 Vas/o, 318, 412, 900
 Vasoconstriction, 412
 Vasodilation, 412
 Vasodilators, 895
 Vasomotor center of medulla oblongata, 352
 Vasopressin, 227, 756, 760, 761, 775
 Vasotec. *See* Enalapril
 Vasovasostomy, 319
 VATS (video-assisted thoracic surgery), 480
 VA (visual acuity), 713
 VCUG (voiding cystourethrogram), 233
 VC (vital capacity), 483
 Vegetations, 420, 424
 VEGF (vascular endothelial growth factor), 816
 Vein(s), 82f, 149, 152, 152f, 222, 398, 399f, 400, 401, 402, 409, 411, 402, 409, 423, 549, 902
 combining form for, 411, 902
 in neck, 548f, 549
 varicose, 164f, 167, 318, 423, 423f
 Velban. *See* Vinblastine
 Vemurafenib, 816
 Vena(ae) cava(ae), 400, 402, 409
 Venereal disease, 322
 Ven/i, 412
 Venipuncture, 412
 Venlafaxine, extended, **904e**, 935f
 Ven/o, 75, 412, 900
 Venous, 412
 Ventilation-perfusion scan (V/Q scan), 477, 859, 863
 of lung, 478, 483
 Ventilation studies, 859
 Ventilator, 477, 478, 859, 863
 Ventral, 50, 53
 Ventral (anterior), 50
 Ventral cavities, 41f, 42, 42f
 Ventral root of spinal nerve, 353f
 Ventricles, 350, 357, 402, 409, 412, 416
 of brain, 350
 of heart, 402
 mid-cerebrum, 350
 Ventricular fibrillation (VF), 414
 Ventricular septal defect (VSD), 416f
 Ventricular tachycardia (VT), 429f
 Ventricul/o, 412
 Ventr/o, 56
 Venules, 82f, 398, 401, 409
 Vernix, 265f
 Verruca(ae), 671
 Verruca vulgaris, 671f

Verrucous tumors, 803
 -version, 272
 Vertebra(ae), 48, 49, 56, 586-587, 586f, 596
 cervical (C1 to C7), 48
 combining form for, 56, 596
 general structure of, 586-587
 lumbar (L1 to L5), 47
 thoracic (T1 to T12), 47
 Vertebral, 56
 Vertebral body, 586, 586f
 Vertebral column, 586-587
 Vertebr/o, 56, 596
 Vertebroplasty, 596
 Vertigo, 723
 Vesicles, 662, 663f
 Vesic/o, 226
 Vessel, combining form for, 74, 318, 409, 412, 902
 Vestibular hydrops, 722
 Vesicoureteral reflux, 226
 Vestibule, 718, 719, 721
 Vestibul/o, 721
 Vestibulocochlear, 719, 721
 Vestibulocochlear nerve (CN VIII), 346f, 722
 VF (ventricular fibrillation), 414
 VF (visual field), 713
 VHL gene, 799t
 VH (vaginal hysterectomy), 269
 Viagra. *See* Sildenafil
 Vicodin. *See* Hydrocodone with APAP
 Video-assisted thoracic surgery (VATS), 480
 Villus(i), 146, 153
 celiac disease and, 191
 Vinblastine, 815t, **816e**
 Vinca alkaloids, 816
 Vincristine, 815t
 Vinorelbine, 815t
 Viral hepatitis, 169
 Viral load test, 563
 Viral meningitis, 368
 Viral oncogenes, 820
 Virilism, adrenal, 768, 775t
 Virilization, 768
 Virtual colonoscopy, 198
 Virus(es), 801, 820. *See also* specific viruses
 carcinogenic, 801
 Viscera, 40
 Visceral, 56
 Visceral muscles, 612, 614
 Visceral pericardium, 404, 404f
 Visceral pleura, 459f, 461, 463, 466f, 480f
 Viscer/o, 56
 Vision
 binocular, 699
 cerebral area for, 7f
 combining form for, 704
 suffix for, 706
 Visual acuity test, 713
 Visual field test, 713
 Vital capacity (VC), 483
 Vitamin A, 902t
 Vitamin B₁, 902t
 Vitamin B₂, 902t
 Vitamin B₆, 902t
 Vitamin B₉, 902t
 Vitamin B₁₂
 food sources of, 902t
 pernicious anemia and, 516
 Vitamin B₂ deficiency, 191
 Vitamin C, 902t
 Vitamin D, 579, 749t, 902t
 Vitamin D deficiency, 596
 Vitamin E, 902t
 Vitamin K, 902t
 Vitamin(s), 880, 898, 902t
 food sources of, 895t
 Vitiligo, 670

Vit/o, 900
 Vitrectomy, 716
 Vitre/o, 705
 Vitreous chamber, 697, 700f
 Vitreous humor, 697, 701, 716
 Vitr/o, 864
 Viv/o, 864
 Vocal cords, 458
 Vocal folds, 460f
 Voice box, 464, 478
 Voiding, 217, 222
 Voiding cystourethrogram (VCUG), 233
 Voltaren. *See* Diclofenac
 Voluntary muscles, 611
 Volvulus, 166f, 167
 Vomer, 584, 585t
 Vomiting, 188, 813
 projectile, 190
 Vorinostat, **817e**
 Vowels, combining, 4, 5
 Voyeurism, 929
 V/Q scan (ventilation-perfusion scan), 477, 859, 863
 of lung, 478, 483
 VSD (ventricular septal defect), 416f
 V_T (tidal volume), 483
 VT (ventricular tachycardia), 429f
 Vulva, 259, 268, 271
 Vulv/o, 271
 Vulvodynia, 271
 Vulvovaginitis, 271
 Vytorin. *See* Simvastatin ezetimibe

W
 WAIS (Wechsler Adult Intelligence Scale), 922
 Waldenström macroglobulinemia, 561
 Warfarin, 422, 509, 888, 890t
 Warts, 671
 plantar, 670
 Wasting syndrome, 558, 559f, 562
 Water, 75, 317
 combining form for, 702
 WBC (white blood cell count), 9f, 10, 75, 518-520, 521
 Weber test, 724
 Wechsler Adult Intelligence Scale (WAIS), 922
 Wechsler Intelligence Scale for Children (WISC), 942
 Wedge resection, 465f
 Wellbutrin SR. *See* Bupropion
 Wellferon. *See* Interferon alfa-n1
 Wernicke area, 350f
 Western blot, 562
 Wet macular degeneration, 710
 Wheal, 662, 663f
 Wheezes, 469
 Whipple procedure, 169, 192, 200
 White blood cell count (WBC), 521
 White blood cell differential (count), 521
 White blood cells, 9f, 10, 75
 differential count, 523, 526
 diseases of, 518-520
 segmented, mature, 526
 Whitehead, 664
 White matter, 353
 Whole-body PET images, 856f
 Whooping cough, 470
 Wilms tumor, 231, 803t, 806t
 Windpipe, 56, 108, 460, 467. *See* Trachea
 Winged scapulae, in muscular dystrophy, 635f
 WISC (Wechsler Intelligence Scale for Children), 922
 Wisdom tooth, 141f, 142, 143f
 With (ē; cum), 903
 Without (sine; s), 903
 Wolff-Parkinson-White syndrome (WPW), 433
 Womb, 269

Word analysis, 3-5
 Word structure, 1-32
 Wound, flesh, 118f
 WPW (Wolff-Parkinson-White syndrome), 433
 Wrist bones, 108, 608
 Writing, cerebral area for, 7f
 WT1 gene, 799t

X

Xanax. *See* Alprazolam
 Xanthelasma, 661f, 710t
 Xanth/o, 661
 Xanthoma, 661
 Xeloda. *See* Capecitabine
 Xen/o, 935
 Xenograft valve, porcine, 420f
 Xenophobia, 935
 Xer/o, 661, 705, 822
 Xeroderma, 660
 Xerophthalmia, 705
 Xerosis, 661f
 Xerostomia, 813
 Xiph/o, 589
 Xiphoid process, 589, 593
 X-rays
 characteristics of, 848-849
 chest. *See* Chest x-ray (CXR)
 combining form for, 12, 822, 864
 of hand, 849f
 X-ray studies
 contrast studies, 850
 CT, 846
 of female reproductive system, 283
 interventional radiology, 850
 positioning for, 857-858
 of urinary system, 232-233
 X-ray tests, 194-195, 232-233, 283, 371-372, 476, 848-849, 849f, 850-854, 857,
 for cardiovascular system, 425-426
 for digestive system, 193
 for nervous system, 371
 for respiratory system, 476
 XRT (radiation therapy), 810-813
 Xylocaine. *See* Lidocaine

Y

-y, 14, 83
 Yellow bone marrow, 581-593
 Yolk sac tumor, 319

Z

Zafirlukast, 893t
 Zaleplon, 935f
 Zantac. *See* Ranitidine
 Zestril. *See* Lisinopril
 Zetia. *See* Ezetimibe
 Zidovudine, 889t
 Zidovudine plus lamivudine, 889t
 Zileuton, 895t
 Ziprasidone, 935f
 Zithromax. *See* Azithromycin
 Zoledronic acid, 889t
 Zolof. *See* Sertraline
 Zolpidem tartrate, 896t, 935f
 Zometa, 889t. *See* Zoledronic acid
 Zone of ischemia, 418f
 Zo/o, 319, 925
 Zoophobia, 925, 941t
 Zostavax, 368
 Zovirax. *See* Acyclovir
 Zygomatic bones, 584
 Zygote, 258, 268
 Zygomatic bones, 585t
 Zyprexa. *See* Olanzapine
 Zyrtec. *See* Cetirizine
 Zytiga. *See* Abiraterone

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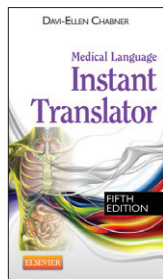
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